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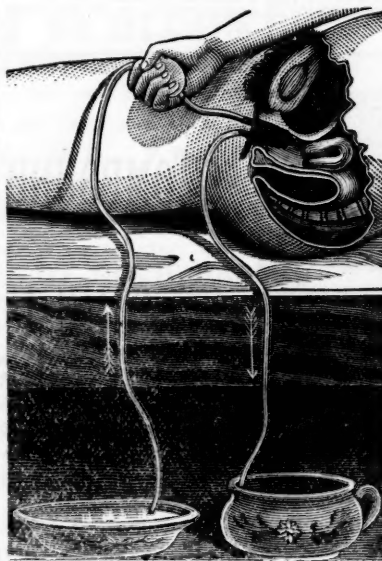
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THE WEST INDIES AS A SANITARIUM.

BY WILLIAM F. HUTCHINSON, M.D.,
PROVIDENCE.

CHAPTER XIV.

NASSAU.

IN the course of our peregrinations through tropical seas, I have reserved my description of Nassua, in the Bahamas, for the last, and with it shall close this little volume of pictures Under the Southern Cross.

This island was my first love, and for four or five successive winters I returned again and again to its delightful climate, its charming home circles of society, and its excellent hotels. Indeed, I became so much attached to the place that it was a matter of considerable difficulty to decide which was most like home to me, the lovely island of the sunny sea or the New England city in which I live.

Nassau may be reached at present, like Cuba, by two ways. One, avoiding a stormy sea travel and reducing the actual time on ship board to less than two days, is by rail to Tampa Port, by boat to Havana, rail to Cienfuegos, and thence by the palace steamers of the Ward line direct to Nassau. Along the south coast of Cuba, the last part of this route is sufficiently interesting to richly repay the tourist for all the trouble and expense of the journey, were there nothing else beyond. It is hard to avoid expatiating upon the beauty of this little voyage, and here, if the traveler goes this way, he will have his first view of the Southern Cross. Perhaps he has never seen it before. The chances are he has not, and as everybody is anxious to make the acquaintance of the illustrious stranger, a sufficient amount of determination is easily summoned to meet him, even at two o'clock in the morning. No toilet is needed for the

ceremony, as the soft night air of this delightful latitude permits night dresses to be worn on the deck of the steamer at sea.

All the way down, the main object in life of my party seemed to have been a view of the Southern Cross. They searched the whole sky after crosses made of stars all the way from St. Augustine to Santiago. I pointed out at various times sets of stars more or less crossed, but the captain always said they were false, so he was let alone. But the night out from Santiago they made up their minds that the Southern Cross must be seen, and appeared on deck at two o'clock in the morning ready for an introduction. They gathered around the captain, who pointed to a shining cross on the glistening ceiling overhead, and expressed opposing views as to its effect. There, swinging low among a myriad of sparkling suns, its lower arm almost reaching the haze near the horizon, blazed the constellation, and when I looked at its irregular outlines, that are but half as brilliant as they are far south, they brought back so vividly scenes in years gone by, of the lovely bay of Rio Janeiro, the broad waters of the River Plate and the palm and coral islands of the South Pacific, that it was like the face of a long absent friend just returned.

It is not much of a cross, artistically speaking; but, then, neither was the one that first made transverse bars emblem of a world's salvation. Of four stars only, and one of them out of line, it makes no great show so far north as this, and needs for its full development of beauty much farther southern seas.

Island after island sprang up and disappeared the whole live-long day; shadows after shadows chased each other along the beautiful mountain sides, and the verdure which clothes them to their topmost peaks assumed different colors as the sun went down.

There was no more motion to the steamer in this smooth sea than upon a river, and the discomfort that

attends roughness of the water, was quite lost in the quietude that reigned about.

Morning followed a restful night, but before we come to anchor off Hog Island Light, at the western end of Nassau, the picture framed by the casement of my window was so charming that it is still hard to restrain myself when I talk of this, our winter island home. A long, lowland stretched westward until its dark green was lost in sea; in front, a gray fortress and water battery, with white foam lazily creeping up the slope; to the left a snowy shaft bearing a lantern, and in the centre, the red roofs, spires and many flag staffs of the town that creeps up from the shore step by step to a ridge that is crowned by Government House, the Royal Victoria Hotel, and a range of handsome residences. Here, there and everywhere fan branches of the cocoanut gave tropical tone, softened and brightened by the tints that are used to color houses and kill the staring white that is so inartistic. There was not one chimney visible, only perpetual summer in the scene, and the motionless silence of the early morning was that of summer lands alone. Restless nerves were quieted; tired eyes looked out upon the scene and found promise of health in the restfulness they saw. Between us and the shore was the most beautiful water imaginable, some fifty feet deep, of a dark ultramarine blue, changing across the bar to a living emerald green, shaded off by its foam dashing against the beach into snow white, and assuming now and then a tint of gold as morning sunlight fell on it.

Words fall short in describing this beautiful bay, and the truest painter to nature that I know, Bierstadt, in his "Azure Sea" which he sketched from yonder light-house, also fell short; and yet, I have heard the picture called a gross exaggeration, a manifest impossibility.

There is no trouble here, or elsewhere indeed, in the West Indies, with the customs. The examination is but a matter of form, soon gone through with, and trunks are rarely opened.

At Nassau this winter there have been one or two new hotels opened, and one may now choose between comparative luxury at the Royal Victoria at four dollars a day, and much smaller prices down to twelve dollars a week, at comfortable boarding-houses.

Tourists may choose their yachts either at home or when they arrive; and will find, I think, boats perfectly well fitted for the waters of these quiet seas, at a much lower rate than if they had sent them down from New York in advance, although perhaps not quite so comfortable nor luxurious.

The regulation price for a sail to the sea-gardens and return is fifty cents apiece, for a party of not less than five. Over that number or below, a special bargain must be made. Arrangements may be perfected for visits to the out-lying islands, either by the mail-boat, which goes once a week around them all, or by chartering a sponge schooner. In either case the traveler will find it absolutely necessary to provide his own food, and if thereto he adds any article of bedding that he is accustomed to depend upon for comfort, he will go far to insure the pleasure of the voyage.

Horses and carriages are easily obtainable at fair prices; but, as the island government has not established any rate, bargains for everything exceeding a half hour's drive about the town should be made with the owners of the livery stables.

I am delighted to be able to add my tribute to the many which the courteous and kind medical men of

Nassau are in the habit of receiving. They have no superiors in any land for skill in the practice that comes within their scope, and are always ready to be the friend as well as the physician of those whom fortune places under their care.

The only really expensive thing that I know of in Nassau is death. It costs more to undergo final change in this island than almost anywhere I know. All the furniture of the room wherein the death took place must be renewed, and if there is the smallest suspicion of contagion accompanying the disease, the sanitary laws of the place require a complete renewal of even the wall finish. Then undertaker's fees are exorbitant; and, taking the whole thing into consideration, I very strongly advise any one whose death is considered imminent, not to precipitate the catastrophe at Nassau.

To all who visit the tropics for the first or second time, the fruits and flowers that they meet are like revelation of a fairy dream. They are so totally different from every one's conception of them, that a plate of shining fruit that one may buy in the market for a dollar contains a series of surprises oftentimes as unpleasant as striking. I handed a lady one morning a beautiful specimen of the custard apple, and, after she had discussed it, asked her what she thought it tasted like. Her answer was: "I do not believe that I shall ever learn to like these tropical fruits; certainly not if the rest that I do not know are as uncomfortable to eat as this one." "Why," said I, "what did it taste like?" "Well," was the reply, "I don't know of anything that I can compare it to, except a ball of cotton saturated with kerosene." While the comparison was a little far fetched, I must confess that the majority of tropical fruits require some practice for their full appreciation.

To those who are fond of fishing, the inhabitants of these transparent seas offer continued delight. They are easily caught in a novel way. One sends his bait down thirty, forty, or even sixty feet, through water so clear that he can watch the bottom, as if looking through glass, and see what sort of fish and what color he prefers to tempt with his bait. So he lowers away, past an outlying dog fish, who is watching for something better; past too, maybe, a small specimen of hammer-headed shark, who is keeping a sharp eye on the dog fish, down to where some brilliant specimens of squirrel fish or of blue fish are playing over the golden sands below; then, with the utmost deliberation, he places the tempting bait exactly in front of his intended victim's nose, and waits till he takes hold. Usually the boatman is watching this proceeding through a water glass, and indicates the precise moment when the fish has taken the hook by a sharp command of "Strike, sir, strike." A quick jerk and a pull, and up comes the very fish that you have chosen, to gladden your eyes close at hand, if, by the way, he is not snapped up by the shark or dog fish lying in wait.

Shark fishing parties may be made up after a little notice. In order to make these a success it is necessary that a dead horse, mule or donkey, or the carcass of some large animal should be anchored outside the bar, as ground bait for the sharks. I have seen a dozen of the most ferocious kind of man eaters clustering around such a carcass, tearing away at its flesh, or fighting with each other, and have seen fine sport for fishermen in capturing them.

As to the bathing, it is impossible to say too much, or to speak too highly. One feels the need of a few more adjectives when he comes to tell of the beauty of the beach on the other side of Hog Island, opposite

the town. Early in the morning before the sun has grown hot, a boat carries a party across the narrow bay to a little landing, whence a narrow path winds a couple of hundred yards through Spanish bayonet and guava bush till it ends in a broad, semi-circular sweep of golden sand, up whose soft incline green, transparent waves creep leisurely, tumbling over each other in rippling laughter. As far out as one can see, this beach of sand floors the azure sea, so transparent that a long distance out any prowling shark may be readily seen, and his visit avoided. But in the years that I have been here no shark has been seen upon this beach. The water shoals too gradually for them, and with the exception of the early morning visitors for baths there is no temptation to come. The water is as warm as the blood that pulses in your veins, and beneath the sparkling rays of the early morning sun one stretches with profound delight them limbs upon warm sand, and luxuriates in the delicious sensation of the water climbing over his body. It is laden with sunshine that it has breathed in all its long way across the broad Atlantic, and it brings to enervated forms lying prone beneath its soft caresses, some at least of the tonic influences that it has gathered from odd corners of the earth in its journeyings to and fro. From such a bath as this one rises doubly refreshed, stronger in body, more peaceful in mind, and more quiet in nerves than he would have believed possible. Such bathing as it is, so simply unequaled in any of the islands! There is not a place from Nassau to Trinidad; not a beach from Panama to Para, where anything like the same comfort and benefit can be found as on this beautiful sweep of sand at Nassau.

On the hill to the right of the Royal Victoria hotel is an extraordinary structure, called "Fort Fincastle." It looks like an old-fashioned side-wheel steamer, and was built with the idea that it might some day be used against an enemy; but it has never done any other duty than that of a signal station, which it at present is. From its bastions one may descend and follow a little path more to the right until he comes to the entrance of a curious gorge, to whose floor he can descend by a long flight of steps, known as "The Queen's Staircase," and on the lower steps many people, who fancy that sort of thing, have their photographs taken as souvenirs of the visit.

Another famous evening call and drive is "down along" till you reach Waterloo—an estate on the grounds of which is the pond, known as the "Phosphorescent Lake." Our boatman called it the "Preposterous Lake," and when one sees the magnificent display of phosphorescence made by its living waters the name is not so far out after all. Dropping an oar blade into the sleeping surface arouses so much life, scatters so brilliant a display of sparkling light about that reading a letter or fine print of a newspaper may be easily accomplished in darkest night.

Our boat aroused the inhabitants of the lake, turtles and fishes, which darted here and there in alarm. Every motion they made was clearly defined in lines of flame which soon crossed and recrossed each other until the lake looked like an illuminated map. From every hand dipped in the water fell showers of gems as it came up again, and where the moonlight shadows were darkest, grasses on the bottom shone through to the surface with a steady gleam.

The shouting church at Grantstown is a great curiosity in its way. It is a square, unpretending building of unpainted pine, with a wattled roof of palm leaves, and a crowd of worshipers whose enthusiasm and religion seem to be about equal. If the

visitor is fortunate enough to be present when what they call a "grand rush" takes place, he will see a most curious spectacle, and probably make up his mind that such doings would be better outside the church. The march around while the singing is under way is an exciting scene, and the tune, the very words of the hymn, are ringing in my ears as I write, and they will in yours too, I think, when you hear them.

Nassau, of late, has given considerable attention to the American aloe (sometimes called the century plant, in this country), now better known as the Bahama fiber. Governor Robinson, of Trinidad, in his carefully-studied and convincing address upon this subject, has so plainly demonstrated the value of this new industry to the island that it scarcely needed the fact of increase of value in land 1,000 per cent. to tell how great a boon the culture has been to the natives. A young lady of my party this year bought a hundred acres of land at Nassau, four seasons ago, for the crown price—5 shillings an acre—and refused, this year, \$5 an acre for the same. She means to keep it, she says, until it is worth \$25 an acre, and believes the time will come soon.

But, after all, the chief value of Nassau is as a health resort. There are altogether too few amusements,—it is quite too small and dull a place to hold still the eager, healthy, pleasure-seeker. I have learned by repeated experience that consumptives, in anything like an advanced stage, do badly there. The climate is so soft and moist that lungs already beginning to soften go quickly. No such invalid should be sent there; but where bronchitis is concerned, or catarrh of the nasal passages, or any of the many throat diseases that scourge the North in winter, the case is quite reversed. Such sufferers find help in the air, and are frequently cured with a speed that seems miraculous; but the diagnosis must be accurate.

It is, beyond everything, a home for invalids with Bright's disease. I have seen them grow and gain in health almost daily beneath these glowing skies. The skin, whose every pore has been closed by cold, rapidly becomes active again, even doubling, in some instances, its excretory power, and prompt diminution of albumen follows the relief of work to these organs. This result persists until the following winter comes, and then the patient is obliged to return, of course; but after two or three years, in several of my cases, the improvement was so great that they could stand the winter of the North without serious danger.

In disorders of the nervous system, Nassau is one of the most perfect sanatoria in the world. The regular temperature—neither high nor low, the naturally perfect drainage, pleasant social surroundings, and comfortable quarters, with enforced abstinence from business cares, so relieve the pressure upon over-strained nervous centers that one is hardly ashore before he begins to feel sleepy, and he manages to spend the greater part of the first week in bed with comfort. Then comes a sense of equilibrium to which one has long been a stranger, interrupted only when the mail comes in; then a relapse for a few days follows home news, and improvement begins again when the steamer leaves the bay.

Living is not especially expensive. At the Royal Victoria hotel one may live for \$25 to \$28 a week; but excellent boarding-houses and private families take guests for about \$12 a week.

And so draws to a close my chapter on Nassau, and with it this little book, which I tender to my

readers as a souvenir of tropic lands, those summer isles of summer seas that come first to the memory of a traveler when winter winds and howling storms drive through his northern home and make them, in comparison, veritable bits of Paradise. And for a close I recall an old story.

In the middle of the bay of Nassau, opposite the public buildings, there lie upon the ocean bed the yawning timbers of a sunken ship that had finished its wanderings years before, and gone to sleep in Nassau bay. Looking down through the clear waters, one afternoon, at the fishes darting to and fro among these timbers, the bells of the Cathedral rang out the passing hour, and with the music there came to me this ancient legend.

Far away on the shores of the Baltic there was once, in ages long gone by, a city called Vineta. The home of a vast commerce, it grew in riches and prosperity until, in all that wonderful kingdom, it became the first; and, so becoming, grew in luxury and sinfulness as well. At last the inhabitants came to be so arrogant in haughty pride, so wicked in their sins, and so disdainful of all holy words, that they renounced allegiance to the one true God, and only worshipped wicked pleasure. Such a course soon drew down upon the city the just wrath of an offended heaven, and one day there fell upon it a frightful tempest, through whose terrible voices were heard deep thunder tones from the earth. The next morning clear sunlight came again, and, where had stood the town, its golden rays danced merrily upon the rippling waves of the northern ocean. City and people had together been buried deep beneath the sea. And now, at nightfall, sailors sometimes row their boats over the spot, and, looking downward, see the towers and houses of the town, and, listening intently, may even catch the requiem music of the bells below. But, should the melody reach their entranced ears, the penalty comes with it—that each year, upon the anniversary of the day, they must return to Vineta and seek once more to see the towers and to hear the music of the bells.

And as we lingered over the picture under the waves, and heard the soft song of our Cathedral bells, we knew that to us, too, had come the penalty—that again and again we must obey the magic of the spell and return to

"Summer isles of Eden
In dark purple spheres of sea."

A PLEA FOR THE EARLY APPLICATION OF SPLINTS.

BY HERBERT A. STARKEY, M.D.

HEGEWISCH, ILL.

I WILL not attempt to answer the question that my Professor of Surgery used to put to his class, "Can a broken bone heal without inflammation?"

It can at least heal without the violent inflammation I have seen set up by meddling with a broken bone for diagnostic purposes, and by allowing the fracture to rest several days to apply cooling lotions. If we see the case early, and encase it in a snugly fitting splint, we will obtain a far better result than by waiting to see if there is to be swelling. Of course, the bandages must be watched and loosened if necessary, so as not to be obliged to report another case of "The deadly bandage." A few cases in point will illustrate:

CASE I.—Fracture of anatomical neck of humerus, with forward dislocation of both bones of forearm.

Chas. A., aged twenty-two years, fell twenty-eight feet to pine floor, striking on right elbow and shoulder. Both bones of forearm were driven up to middle third of humerus, olecranon and coronoid processes being broken. Considerable bone crepitus, and some limitation of motion in shoulder joint; no deformity of shoulder. No swelling had occurred, so the fractures and dislocations were reduced, shoulder fixed, and arm put at obtuse angle and held with binders' board.

The patient had but little pain or swelling till two days later. A professor was called in consultation, who removed the dressing, threw bones at elbow out of place, and reduced them several times to make his diagnosis, and advised the elbow dressed straight. A violent inflammation was set up, which a week's application of lead water and laudanum failed to affect, as the patient could not keep the arm still (my consultant had advised resting the arm on a pillow until inflammation subsided). I finally reapplied the old dressing, after which the swelling and pain quickly subsided. In three weeks passive motion was begun, and two weeks later galvanism applied. He obtained good motion in elbow, and some in shoulder.

CASE II.—J. R., aged thirty-five years. Compound fracture of tibia, fibula and metatarsal bones of right limb. He was seen twenty minutes after receiving injury. Bleeding stopped, wounds dressed antiseptically, and splints applied. He had no shock, and was sent to the hospital, where, two days later, with circulation good, no fever or pain, the dressings were removed, to prove diagnosis. It was three weeks before splints could be reapplied, on account of pain and swelling. Three months in the hospital and three more on crutches was the result.

The day he was injured, a boy, aged seventeen years, anemic, received two simple fractures of tibia and one of fibula. The injured leg was put in splints at once, which were not removed for five weeks, when a light "Wiggin" dressing was applied. In this case, although the boy was sickly, there was not enough swelling to justify me in removing the splints. In eight weeks from time of injury he had the use of the leg.

Charlie A., aged sixteen years, broke both bones of forearm. Fractures were reduced and splint applied within an hour after injury was received. In five weeks dressing was removed and patient discharged, having had no swelling or fever.

While at Johnstown, a case came under my care which will serve to illustrate my point:

Miss Maggie Jones, one of the survivors of the Hurlbut House, aged eighteen years, was picked up with a simple fracture of humerus and compound fracture of both bones of forearm. She was attended by a visiting surgeon and a trained nurse. I saw her one month from date of injury. Previous to this time the arm had been laid at rest (?) on pillows, and wound dressed with carbolized oil. The arm was swollen, exceedingly painful, ulcerated, and all fractures ununited.

At her request I removed her to the Red Cross Field Hospital, and, as she had to go over a mile of rough roads and pontoon bridges, I put the limb in a temporary but secure dressing. The tight bandages caused considerable pain while applying, but soon became so comfortable that the sufferer said "Her arm felt better than it ever had."

She was transported to the hospital by four stretcher bearers, and, after recovering from her fatigue, was given ether, the fractures reduced and held in place by home-made splints. The ulcers were dressed

antiseptically, and in a few days good results were obtained from skin grafting. The swelling and pain quickly subsided after the application of the splints, which were removed in four weeks with a good cure.

Mrs. F., aged fifty-five years; fracture of external malleolus of right ankle—which had been broken before—was seen before swelling had occurred. Fragment was reduced and held in place with adhesive straps, over which a "Wiggin" bandage was applied, and developments awaited. These, however, did not occur, and in six weeks bandage was cut off, and, with laces, was worn as a shoe for a few days longer.

J. P., aged eighteen years, had a narrow escape. He was shot with a 32-caliber Smith & Wesson eradicator, the ball striking directly over the apex of the heart, fractured the fifth rib, and followed it around the thorax to the deep muscles of the back, where it was imbedded.

I syringed the wound with hydrarg. chlor. cor. 1-1,000, dressed it antiseptically, set the fractured rib, and applied adhesive plaster. The wound and fracture healed without suppuration or fever. The bullet is still uncalled for.

A SYNOPSIS OF THE SYMPTOMS, COURSE AND TREATMENT OF FORTY-FIVE CASES OF DIPHTHERIA.

By J. G. PACE, M.D.,
ELWOOD, NEBRASKA.

WE are now at the terminus, I hope, of a very severe epidemic of diphtheria. It would appear probable that with the above number of cases in one epidemic, some certain line of treatment might be laid down as especially valuable, but this has not been my experience. Of the forty-five cases, which I have lately treated, I have found very few that followed anything like the same course. The youngest patient under my care was eight months old, the oldest was forty years, but the great majority were between two and fourteen years of age. Of these forty-five cases, there were nine deaths, and almost the entire balance count among the number of partially recovered. Three of the deaths occurred within forty-eight hours of the first noticeable symptoms. Three occurred three weeks after all diphtheritic symptoms had disappeared, and the balance occurred in from five to twelve days after the invasion. In a part of the cases, the symptoms at the beginning were very pronounced, such as vomiting, severe chills and headache, and all this before any patch appeared in the throat; in others, a patch in the throat with very slight, if any constitutional symptoms, was the first sign noticeable. The latter class of cases would probably not have been noticed before there were constitutional symptoms, if it were not that in epidemics of diphtheria, parents examine their children's throats very often, as it appears to be the popular idea that the only thing necessary to a cure is an early commencement of the treatment. In those cases that died early in the disease, there was great glandular involvement at the beginning, the glands of the neck becoming greatly enlarged, but showing no tendency to suppurate; no case that I have seen has had a suppuration of the glands; these cases died of carbonic acid poisoning, and yet at no time was the dyspnoea exceptionally severe, and the carbonic acid poisoning took place very gradually, and was not caused by obstruction about the gullet, as the parts in that region were not sufficiently swollen to cause such obstruction. I performed tracheotomy

on one of these cases that died early, but found I was still above the place of obstruction, as the operation gave very little temporary relief, the patient dying within twelve hours after the operation. The class of cases that died in from five to twelve days, died of heart failure, although they were kept on alcoholic stimulants up to the point of toleration. And when the symptoms of heart failure came on no treatment appeared to be of any avail. Hypodermics of alcohol, ether and ammonia were all used in vain. Those cases that died several weeks after all diphtheritic symptoms had left, it seemed to me, died in a curious sort of way: the child would be playing or eating and suddenly complain of being sick at the stomach, and at once begin vomiting and collapse before I could go a block and reach the house. The last class of cases are the ones where there existed great glandular enlargement. Those cases that survived were those in which the glands were very slightly involved and where the disease was confined to the throat and nose.

But, as I before stated, there were few complete recoveries. Many of the cases were followed by severe otorrhoea and deafness, which oftentimes lasted a month. In the case of a young lady under my charge, she lost her voice completely for a month, and now speaks slowly, with a drawl and a nasal twang; and several others speak with a nasal twang. In four cases there has been severe strabismus, and in five others it has been slight. The strabismus in four of the nine cases are improving, but in the other five I can see very little, if any, improvement. In two of the cases there was almost complete paralysis for several days, but motion was finally restored. I found that the severest cases were by no means the most likely to be affected with the various sequelæ; in fact, it seemed the mildest cases were the longest in getting well, and most affected with one of the various sequelæ. In cases of severe dyspnoea, I found the steam atomizer to be of the most utility; it certainly afforded considerable relief, and I think saved life in four cases. As to the medicament used in the atomizer, I used several, and cannot say that any one of them held any particular advantage over the others. I used mostly boracic acid and liquid hydrastis. I also used a weak solution of bichloride; also solutions of carbolic acid and iodine. I also used sulpho-calcine in the steam atomizer, which, apart from its soon stopping up the capillary end of the atomizing tube, I found gave less satisfaction than any of the others, besides its disagreeable odor to all parties concerned. I do not wish to forget to state that I also used tincture of myrrh, diluted with alcohol, and was much pleased with its effects.

Of the local applications to the throat, I found nitrate of silver of the most use of any I tried. It was much better than liq. chlorine, peroxide of hydrogen (H_2O_2), or sulpho-calcine, which I found was not a solvent for diphtheritic membrane during this epidemic; and I gave it a fair trial, in full strength and diluted, as a gargle, and by swabbing it in the throat; and I find the other physicians in my neighborhood have had the same experience with it during the epidemic which we have just gone through with. I have also found, to my own satisfaction, that mercury does no good, and that stimulants are to be withheld until there is an absolute demand for them. Of course, patients will stand large amounts of stimulants from the beginning of the disease without becoming intoxicated in the slightest, but to my mind that is no excuse to exhibit alcohol with as much boldness as is often done in this disease. For internal

treatment I thought that I had better success with tincture of phytolacca decandra, in small doses (2 to 5 m.), than with any other remedy. It did not seem to relieve any particular symptom, but I think that the disease ran a milder course under this treatment.

Society Notes.

KENTUCKY STATE MEDICAL SOCIETY.

Thirty-sixth Annual Meeting.

A BANQUET was given by the Lexington and Fayette Counties Medical Society at the Phoenix Hotel, Lexington, May 27, 28, and 29, 1891, at which two hundred and fifty persons sat, most all being medical men. DR. HENRY MARTIN SKILLMAN, of Lexington, presided in an excellent manner. The menu was an excellent one, and was completed before the toasts were begun; these were as follows: "The Ministry," Rev. Dr. W. H. Felix, of Lexington; "Our Guests," Dr. Charles H. Todd, of Owensboro; Hon. John Young Brown, of Henderson, Democratic candidate for Governor, spoke on "Let Him who has Won the Palm Bear It;" "Our Ex-Presidents," Dr. John A. Ouchterlony, of Louisville; "The Law" was to have been responded to by the Hon. W. C. P. Breckenridge, but he was prevented from being present by the sudden death of his cousin, Judge Samuel Breckenridge, while making a speech at the Presbyterian General Assembly at Detroit, that same day; "The Medical Profession a Public Trust," was the subject by Dr. Joseph M. Matthews, of Louisville; Judge James H. Mulligan spoke wittily and well from the topic "Our Commonwealth;" "The Ladies" was responded to by Dr. Orin B. Todd, of Eminence; "Medical Progress and Heroism," by Dr. Dudley S. Reynolds, of Louisville; "Our Medical Sisterhood," by Dr. A. M. Cartledge, of Louisville.

A most enjoyable reception was given by the ladies of Lexington at the Phoenix Hotel, followed by a ball.

A dinner to doctors' wives was given by Mrs. Dr. B. L. Coleman, of Lexington, which was in opposition to the banquet to which the ladies were not invited, or, rather, crowded out by the men.

The report on

ABDOMINAL SURGERY

was made by DR. L. S. McMURTRY, of Louisville. He thought the great advance in abdominal surgery had been made along the line of greater accuracy in diagnosis, earlier and improved operations, and a better selection of cases. A very important advance in the modern conception of peritonitis. Formerly the treatment commenced and ended in opium and poultices; now we know that when the disease is not traumatic it is septic. Idiopathic peritonitis is a myth. He advised the limitation of the curette, sound, and intra-uterine stem pessaries. He wished to show that peritonitis was not, of itself, a disease, but arose from infection through various channels.

DR. SKINNER did not think the sound necessary; that the organs of the pelvis should be replaced without the use of the sound.

DR. W. H. WATHEN, of Louisville, was pleased at the character of the report of Dr. McMurtry. The fault with the general practitioner is that he does not pay enough attention to the pelvic manipulations; and he frequently mistakes pelvic trouble for uterine,

and he thus increases instead of allaying the trouble. If we use asepsis or antiseptics we will not have trouble after using the sound. If careful, intra-uterine application is not dangerous. Good pelvic work is one of the greatest triumphs of surgery; bad pelvic work one of the stigmas. He uses antiseptics outside of the abdominal cavity, but none inside.

DR. J. G. CARPENTER, of Stanford, thought that the more the uterine sound was used the more patients there were for the abdominal surgeons. He thought the man who was able to diagnose could do it without the use of the sound.

DR. J. N. McCORMAC, of Bowling Green, thought that the operation for appendicitis was very much abused. He cited the cases of two doctors: One was given up to die and not operated on, the other was not so bad and was operated on. The first recovered, the second died. Opening the abdomen is a very simple operation. Anybody can do it. It is the final results we want. He wished to enter his protest against reporting cases and omitting funerals.

DR. E. R. PALMER, of Louisville, thought there was no term in medicine so much abused as that of thorough antiseptic precautions. He had seldom seen them.

DR. A. M. CARTLEDGE thought general practitioners should be taught to do laparotomies, for they must do them sometimes.

An able address of welcome was made by Dr. David Barrow, Chairman of the Committee of Arrangements.

The report of the Treasurer, Dr. James B. Kinriard, of Lancaster, showed the finances of the Society on a sure foundation, and the report of the Permanent Secretary, Dr. Steele Bailey, of Stanford, showed that gentleman had been conducting his office with the usual ability and energy.

The address of the President, Dr. Geo. W. Beeler, of Clinton, had strains of tenderness, humanity, sentiment, and poetry. McDowell, Jenner, Dudley, and Koch were given tributes, while Henry Clay was not forgotten.

THE RECIPROCAL RELATIONS OF THE PUBLIC AND THE MEDICAL PROFESSION

was the subject of a popular address delivered by DR. LYMAN BEECHER TODD, of Lexington. He told of the noble deeds of the noble medical profession of Kentucky. As a star of the first magnitude shone the history of Ephriam McDowell. He paid a tribute to the memory of Mrs. Crawford, of Boyle county, Kentucky, who was the patient first operated on by McDowell. Her courage was wonderful, and the conversation between her and Dr. McDowell was repeated as it took place before the operation. He had nothing to offer her. No favorable case reports; no anæsthetic. He could only tell her that he had never done the operation before; had never seen or heard of its being done; had no instruments especially made for it, and could promise her nothing. He thought this woman was a wonder, and recommended that a monument be erected to her memory. The doctor then went on and described the great benefits resulting from abdominal surgery. He dealt of the treatment of the insane, and recommended women in charge of women's wards. His remarks were well chosen, well delivered, and especially well received.

The following ex-Presidents occupied seats on the platform: Drs. W. H. Wathen, J. A. Ouchterlony, and L. S. McMurtry, of Louisville; A. D. Price, of Harrodsburgh; Pinckney Thompson, of Henderson; J. N. McCormac, of Bowling Green; C. H. Todd,

of Owensboro; H. M. Skillman and L. B. Todd, of Lexington.

The officers elected were as follows: President, Dr. Hawkins Brown, of Huestonville; First Vice President, Dr. B. L. Coleman, of Lexington; Second Vice-President, Dr. John Young Brown, of Henderson; Treasurer, Dr. J. B. Kinniard, of Lancaster; Board of Censors, Drs. B. W. Stone, of Hopkinsville; Chas. Mann, of Nicholasville, and S. W. Willis, of Winchester. Louisville was chosen as the place of the next meeting; time not decided on.

After a hot debate it was decided to publish a volume of transactions, and in consequence the membership fee was raised to three dollars per annum.

VITAL STATISTICS OF KENTUCKY

was the subject of a paper by Dr. T. B. GREENLEY, of West Point, Ky. The doctor lamented the bad condition of affairs in this line in Kentucky, and queried how long it should be permitted to continue. He advocated burial permits, notification of contagious diseases, and register birth.

Dr. J. N. McCormac, of Bowling Green, made a practical speech in accord with the paper read.

THE PROGRESS OF MEDICINE

was the subject of a paper by Dr. B. L. COLEMAN, of Lexington, in which the heredity of consumption was given prominence.

The paper was discussed by Drs. Thompson, Larabee, and Palmer.

Dr. NEET, of Versailles, offered a resolution urging the Legislature to build an inebriate asylum.

Dr. PUSEY, of Louisville, discussed the care of the insane in Kentucky, and criticised severely the overcrowded condition of the asylums.

PROGRESS IN OBSTETRICS

was the title of a paper by Dr. TURNER ANDERSON, of Louisville. He thought whatever of substantial progress could be, must be placed to the credit of antiseptic midwifery. Measures for the Sloane maternity shows only one death out of one thousand deliveries, due to septicæmia. Since the introduction of antiseptics in midwifery the mortality has become almost nil. To place obstetrics in general practice on the same footing with these maternities is the great desideratum. To do this we must abandon auto infection and acknowledge that puerperal infection is due to contagion from external resources. The doctor gave a detailed statement of the antiseptic rules observed at the Sloane maternity. He considered the most essential item in the obstetricians armamentarium a bottle of bichloride tablets.

PROGRESS IN PRACTICAL MEDICINE

was the subject of a paper by Dr. B. L. COLEMAN, of Lexington. The doctor thought he could not better introduce his subject than by giving a short synopsis of the natural history of the micro-organisms on which the germ theory is founded. The Koch treatment of tuberculosis came in for a share of consideration. An important contribution to the study of cerebro-spinal meningitis is made by Fron and Uffreduzzi. They claim in every case to have found a micro organism which they believe to be the essential factor in the disease, and which is called by them *diplococcus lanceolatus*. It is identical with the salivary septic microbe of Pasteur, Strassburg, and Klein, as also by the *diplococcus pneumoniae* as described by Fraenkel. Very considerable progress has been made in the management of the gastro-intes-

tinal diseases of children—viz., by irrigation of the stomach dislodging the micro-organisms and destroying with germicides or antiseptics. Salicylate of bismuth is a remedy growing in favor. The State has not been visited by any wide-spread epidemic during the past twelve months except by la grippe. No treatment has probably surpassed acetanilide and salicylate of sodium, either combined or separate, followed by a few doses of quinine after the acute symptoms have subsided, especially was this suitable in neuralgic and myalgic types of the disease.

THE TREATMENT OF LUPUS BY METHYLINE

was the subject treated of by M. F. CROOMES, of Louisville. He reported three cases which were successfully treated by from one to thirty applications. He used the application every morning, which formed a thin coating over the lupus. The patient was well in thirty-five days.

RACHITIS IS INFANTALIS

was discussed by Dr. J. A. LARABEE, of Louisville. He thought the ammoniated citrate of iron in a bitter infusion was better than the ingestion of phosphates. This disease is closely related to an acid condition of the prima via, and it is very necessary to correct this.

An interesting report on

DISEASES OF THE RECTUM

was made by Dr. J. M. MATTHEWS, of Louisville.

Report on

BRAIN SURGERY

by Dr. W. L. RODMAN, of Louisville.

CYSTIC goitres do not, as a rule, yield to constitutional treatment. Solid tumors ought first to be treated by the administration of full doses of iodide of potassium, and if no marked diminution in the size of the tumor follows this treatment within a couple of weeks, then it should be discontinued and surgical interference resorted to.—*Wyeth*.

CAUSES OF NORMAL VARIATIONS IN THE CHEST SIGNS.—It is accepted by physical diagnosticians that the larger size of the right bronchus accounts for the increase of vocal resonance and tactile fremitus, both being due to the same cause—increased transmission of the voice sounds. As to the reason of the higher-pitched percussion-note at the right apex there is less clear and united opinion. The note at the left apex ought, if anything, be the higher pitched; the explanations of the contrary conditions existing are not satisfactory. One explanation is that the liver at the base of the right lung deadens the wave sounds from the tissue above, while the hollow viscus, the stomach, serves more as a sounding-board for the left lung. The degree of tension of the thoracic parietes and of the lung tissue itself may account for it, as the greater the tension, the higher the pitch.

In conclusion, we would repeat:

That higher pitched percussion-note, increased vocal resonance and tactile fremitus are normal at the apex of the right lung as compared with the left; that this normal condition can occur in such a number of cases and to such a degree as to cause in many instances a diagnosis of consolidation at the right apex; that finally, in deciding doubtful cases, other signs besides these three are necessary to formulate a diagnosis; continued observation of cases where other signs are lacking being necessary to watch the possible development of actual disease.—*Univ. Med. Mag.*

The Times and Register

A Weekly Journal of Medicine and Surgery.

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PROFESSIONAL BUSINESS.

IN England there are laws to protect physicians in their rights, and there are men of stamina enough to stand up and fight for their rights, as will be seen by the following extract from the *Hospital Gazette*:

I hear that, on Wednesday last, the Medical Defence Union succeeded in recovering two penalties, of £20 each, under the Apothecaries Act, from an irregular practitioner who advertises, under the name of Du Voy, to cure "nervous debility," and other complaints. This, I believe, is the second time that this man has been successfully sued by the Medical Defence Union. A few more penalties and Du Voy will doubtless turn his attention to other pursuits. I would suggest to the Defence Union that "Dr." Bell, of Wardour street, and "Dr." Hamilton, of Oxford street, should also receive attention. The Apothecaries Act surely applies in their case as well as in Du Voy's.

Here our laws allow the newspapers to be filled with the advertisements of all manner of quacks, who plunder the people with impunity, reaping golden harvests, while the members of the regular profession find it is becoming constantly more difficult to earn a living by the practice of medicine. The fact is that we are becoming cramped by overcrowding. Elbow-room is wanting. Many men of high professional attainments and moral standing subsist in more or less genteel indigence. Some few—very few—are tempted to fall into ways that will not bear the light. Here and there some one will throw off the trammels of professional etiquette and conduct himself on business rather than professional principles; and, while his colleagues shake their heads, his pecuniary success assures him oblivion of infractions of the code—unless they have been altogether too glaring. But even this deviation from the highest professional standing is unnecessary if only we had the courage to insist upon our rights. The

time has gone by when physicians could afford to let things take their course, and go along in that easy-going way that is a little bit professional etiquette and a good deal indolence, or, at least, unwillingness to get down to the prosaic matter of balancing income and outgo. The struggle for existence is present with the physician as well as with the layman, and however congenial it may be to one's tastes to be absorbed in pathological studies, the necessities of life imperatively demand attention. The remedy for the present state of affairs is easily to be seen. In spite of the overcrowding there is work enough and income enough for us all, if only we can get it. But the province of the practising physician is being usurped by outsiders and monopolized by greedy individuals in our own ranks. The hospitals and dispensaries treat hundreds of thousands of cases that have no shadow of right to medical charity. They advertise for patients, go around from house to house soliciting the privilege of attending people free who are quite able to pay. If the chromo has not yet been given with each prescription, it is only because no one has yet thought of it.

What the dispensary leaves is largely taken in by the retail druggist. We do not wish to inaugurate a crusade against these gentlemen. We believe the great majority of them are upright and honorable; and that if it were possible for all to give up the practice of medicine, they would willingly agree to do so. Besides, it is not possible to draw the line unless the law absolutely prohibits the dispensing of medicine without the physician's prescription. But when the retailer goes so far beyond his province as to advertise his illegal practice in the street cars, it is time to pay him some attention. We do not find the names of Mr. Evans and Mr. Loder on the register of physicians, but we read in the cars their advice to "prepare for the gripe" by taking quinine, which they obligingly offer at a very low rate. Furthermore, when Mr. John Ogden recommends people suffering from nervous debility to call at his store and get a bottle of his wine of coca and cinchona, we are tempted to ask, "If this is not practising medicine, what is it?" It is bad enough to have the manufacturer placard the city with his advertisements; but when the retailers enter the field, it becomes intolerable. Is it possible that we, as physicians, can be so blind to our interests as to allow our prescriptions to go to these men? By so doing we give the sanction of our names to the people who are openly appropriating our means of livelihood. It is time we awoke from this lethargy and made some effort to remedy the evil. Even with those of our profession who are beyond the necessity of caring personally for practice, a fellow-feeling for their junior brethren should induce them to interest themselves on their behalf. If it is to be a question whether the druggist or the doctor does the work, let the fight be conducted openly and fairly, instead of having half of our members helping the enemy to rob the other half. There are plenty of good retail pharmacists to be found, and a little care on our part in avoiding the advertisers for medical practice would do much good.

Book Notices.

PRACTICAL POINTS IN THE MANAGEMENT OF THE DISEASES OF CHILDREN. By I. N. LOVE, M.D. Paper. Price, 25 cents. Pp. 140. Issued in the Physicians' Leisure Library. Detroit, Mich.: Geo. S. Davis, 1891.

The book is just what the title would indicate, "Practical Points," and deals, as might be expected, almost wholly in treatment. The volume is evidently the outcome of considerable practical experience, and, although unpretentious, a perusal of its pages will more than repay the reader.

SURGICAL BACTERIOLOGY. By N. SENN, M.D., Ph. D., Professor in Rush Medical College, etc., etc. Second edition. Pp. 275. Philadelphia: Lea Brothers & Co., 1891.

The warm praises which have already been bestowed upon this book insure an eager welcome for the second edition, which has been rendered necessary by the speedy exhaustion of the first. In the preparation of this volume the author has added some new facts, illustrative of the relation of pathogenic micro organisms to surgical lesions; divided the book into chapters, and inserted eight new illustrations of micro-organisms not before illustrated.

LEONARD'S MATERIA MEDICA AND THERAPEUTICS. A brief resumé of the action and dose of all officinal and non-officinal drugs now in common use. By HENRI LEONARD, A.M., M.D. Price, \$1.00. Pp. 300. Detroit, Mich.: Illustrated Medical Journal Co.

To the student and to the practitioner for whom this book is designed, it will prove a most valuable guide, as it is compiled from the latest and best sources of information. The arrangement is original. The scheme embracing the Pronunciation, Genitive Case, Ending, Common Name, Dose, and Metric Dose. Then follow the Synonyms—English, French, and German—the Action, Uses, Antagonists, Synergists, Incompatibles, Antidotes; then the Minimum and Maximum Dose, and the Preparations, which are based, as far as possible, on the United States Dispensatory. The book is a condensed compilation of facts, and is far more complete than any volume of its kind before published, including all of the newer remedies—some of them as late as 1891—which deserve notice. There is no index, the drugs being arranged alphabetically.

We have had the pleasure of examining some of the compendious dictionary now being issued by the Appletons, and edited by F. P. Foster. It is simply immense—in size. No other medical dictionary can compare with it in copiousness; and even the latest edition of Webster can hide his diminished head. It should find a place upon the shelves of every public medical library, and in every medical journal sanctum. Men who write, to whom money is no special object, may also subscribe for it; and, if this class is sufficiently numerous, the publishers may succeed in getting back their money. But that any practitioner in medicine should spend \$36.00 for a thing so utterly useless to him is past belief, unless on the theory that our profession contains representatives of that class which is said to part from its money quickly. Gould's Dictionary covers every practical need of the physician.

The Medical Digest.

THE "SLOW FEVER" OF ARKANSAS.—Mason calls the attention of the profession to the so-called "slow fever" of this portion of the country. This disease, while occurring at all seasons of the year, more frequently prevails in the fall and winter. Its duration is usually from fifteen to thirty days or more. The symptoms appear to denote a malarial cause, but quinine has no beneficial effect, and, in fact, appears rather to aggravate the fever and to give rise to chills, which have been denominated "quinine rigors." The fever is associated with symptoms of enteritis, with slight tympanites. The temperature ranges from 100° to 104°, seldom falling below 100°. In every case there is slight headache and nausea, but no pain in any other portion of the body. Fowler's solution of arsenic, together with salicylic or carbolic acid, is most beneficial in controlling the symptoms. The etiology of the disease still remains *sub judice*.

—*Weekly Med. Rev.*, April 11, 1891.

DIGESTIVE FERMENTS IN SURGERY.—Morris suggests the practicability of employing some one of the digestive ferments to remove tough membranes of fibrinous lymph and coagula from abscess cavities. The possibility of the liquefaction of putrescible substances in wounds in this manner occurred to him while treating a crushed liver, in which large portions of the organ were sloughing, and was put in operation with happy results. Pepsin has been found to be the best material for this purpose, even better than trypsin or pancreatic extract. As a result of numerous experiments, it was determined that four grammes of pepsin dissolved in three hundred cubic centimeters of water, acidulated with one per cent. of hydrochloric acid and applied to one hundred grammes of the coagula at a temperature somewhat above 100° F., would liquefy the coagula in thirty-six minutes. Pancreatic extract used in alkaline solution, other factors being as in the pepsin experiment, required two hours and twenty-six minutes for liquefying the coagula, and at the end of that time little tough knots of fibrin still remained. Trypsin in alkaline solution, and used in the same proportions and under the same conditions as the pancreatic extract and the pepsin, required two hours and ten minutes for liquefying the one hundred grammes of coagula. From these experiments it seems that a ten per cent. solution of the best pepsin acidulated with one per cent. of hydrochloric acid, and heated to a temperature above 100° F. (not over 120° F.) will be proper for surgical purposes. The pepsin need not be employed until the patient has recovered from the effects of ether after an operation, and then the liquefying process can be attended to at leisure. The abscess cavity should be washed out with boiled water, for antiseptic solutions would interfere with the action of a digestive ferment. The patient then assuming a good position for holding the pepsin solution in the abscess cavity, he can receive the hot injection; and hot fomentations continued for an hour will promote the action of the ferment down below. Bad tissues sufficiently liquefied are washed out with boiled water, and the whole wound is then sterilized with peroxide of hydrogen, and prepared according to the surgical conception of neatness. The tuberculous abscess of hip-joint disease, with its tough lining membrane, has been satisfactorily treated in this way. Also a bladder containing muco-pus and blood clots from a severe catarrhal condition, was relieved by injecting

a solution of pepsin. The remedy has been of value in a large number of surgical operations with necrosis and fibrinous clots.

—*N. Y. Med. Jour.*, April 11, 1891.

THE "MCBURNEY POINT."—Gibbons thinks that the importance ascribed to the existence of the so-called "McBurney Point" is largely overestimated by those who have written upon the subject. In all inflammations of the abdominal organs pressure made by the tip or tips of the fingers over the abdominal walls elicits pain, while pressure made by the flat hand will, on the contrary, relieve pain. The only exception to this rule will be found to exist in peritonitis, where pressure of *any kind* will *immediately* bring responsive warning that pain has been produced. The finger-point pressure upon the abdominal muscles will, in most cases, not cause pain until the pressure has been severe, or so deeply applied as to put the muscle on the *stretch*. The exceptions here noticed are to be found when the pressure is applied at, or near, or upon its tendinous or fibrous elements. Even in healthy muscles there is animate resistance to pressure of a character assuming the pointed means, so that it is necessary, and is laid down, as a rule, in works teaching medical diagnosis to be careful in palpating the abdominal organs, to lay the open hand gently upon the walls before applying the pressure necessary to make them give way, which they will not do if one is careless about this rule. Dr. McBurney claims to have found severe pain on pressure at a point midway between the anterior superior spine of the ilium and the umbilicus, but it is not certain as yet that this has any diagnostic value as a "point" especially referable to an inflamed or suppurating condition of the *vermiform appendix*. It is, without a doubt, found in all these cases, and previous to general involvement of the peritoneum and its contained organs, this point can be demonstrated at various places over the right half of the abdomen, and, as the general involvement takes place, at more remote parts of the abdominal wall. The reasons for finding it at the special point where Dr. McBurney looks for it is that at this location there is a much greater expanse of fibrous tissue than at any other near-by point of the actual seat of inflammation, and further, because just at this place we have several quite large sensory nerve filaments distributed to the neighboring parts. Gibbons says that the "McBurney Point" may be found at any location throughout the body where, with point pressure, muscle structure in septic or inflamed condition is put upon the stretch. This is more easily found at points where tendinous elements enter into the muscle structure, and finally at the complete tendinous structure, characteristic pain is very quickly elicited as soon as the parts are made tense.

—*N. Y. Med. Jour.*, April 18, 1891.

THE LOCAL THERAPEUTICS OF DISEASES OF THE NOSE AND THROAT.—Wendell Phillips is decidedly in favor of conservative surgical procedures in a large proportion of the cases of chronic catarrh. The influence of drugs properly applied is of great value in the management of these cases. Aqueous solutions, especially sprays, are used far less than formerly, because their place has been filled by better remedies. The most important exception to this rule is the peroxide of hydrogen, which, in addition to other qualities, is especially useful in the softening and removal of inspissated crusts, and for cleansing open sores and cut surfaces. Great good will result in all

operative cases from careful after-treatment, and here is where the peroxide of hydrogen is of inestimable value. The various products of petroleum that can now be obtained in liquid form have taken the place of the aqueous solutions formerly so much used. They are palatable, non-irritating, and capable of carrying many needed remedies in solution. They are soothing to mucous surfaces, may be used warm or cold, and never clog the spray-tube. They may be made antiseptic to some degree by the addition of gum benzoin. On account of their oily properties they remain on the surface of the membrane for some time, during which they not only protect the membrane from atmospheric influences, but give to it whatever remedy they may contain. Menthol, eucalyptol, oil of eucalyptus, cocaine, terebene, thymol, carbolic acid, camphor, iodine, oil of gaultheria, tar, iodoform and aristol may be dissolved in liquid petroleum and used as sprays. Menthol should not be used in a proportion to exceed twenty grains to the ounce, and ordinarily ten grains to the ounce will suffice. Eucalyptol is preferable to the oil of eucalyptus. It is less irritating, pleasanter to the taste, and can be used in smaller quantities. It should never be used stronger than half a drachm to the ounce, and the oil of eucalyptus not stronger than a drachm to the ounce. Terebene may be used in the proportion of twenty grains to the ounce. Carbolic acid and iodine, of each one grain to the ounce, is sufficient for cases requiring these drugs, and thymol may be used ten to twenty grains to the ounce. A solution of aristol, thirty grains to the ounce of benzoin, is of service in atrophic rhinitis with ozæna and in specific rhinitis. The aluminium aceto tartrate in a twelve per cent. solution is of value in chronic hypertrophic rhinitis and to arrest hemorrhage after operations.

—*Medical Record*, April 11, 1891.

NOTES FROM FRANCE.

THE Academy of Medicine terminated the discussion on the depopulation of France rather unexpectedly. They advised several measures aimed at the causes of infanticide and abortion; such as secret bureaus of assistance for women during the later months of pregnancy, and means for assuring secrecy of accouchements. By a vote practically unanimous, the Academy voted in favor of obligatory vaccination and revaccination.

MICROCIDINE is a new antiseptic proposed by Berlioz. If one adds to beta-naphthol, brought to the melting point, half of its weight of caustic soda, and allows it to cool, a whitish powder is obtained; consisting of soda-naphtholate and naphtholic and phenolic compounds. This powder is soluble in water, in the proportion of one to three; the concentrated solution is brown; weaker solutions (3 to 1,000) colorless. Microcidine has very great antiseptic power; its toxicity is very feeble; it is not caustic; it does not affect instruments or linen. Its antiseptic power is below bichloride and naphthol, but is about ten times greater than that of phenic acid, and twenty times that of boric acid. It is antipyretic, and is eliminated by the urine.

M. Polaillon has employed it in 3-1,000 solution as a lotion for wounds; after washing with pledgets of absorbent cotton dipped in it, he applies tarlatan soaked therein; then gummy taffeta, wool, and a bandage. He has thus obtained rapid cures of leg ulcers, and of suppurating wounds. In recent wounds the use of microcidine prevents suppuration equally with phenic or naphtholic solutions.

LE DENTU found, in a calculous kidney, a collection of gas. The patient was a child eight years old. An exploratory puncture was made, and half a liter of greenish pus, rich in leucocytes, was drawn off. Then came the gas; that was collected and analyzed. One half its bulk consisted of oxygen; three-eighths nitrogen; one-sixteenth carbonic acid. The autopsy showed a cystic kidney, with no communication between it and the bowel.

LAVERAN recommends for hypodermic use:

R.—Quininae monochloridi gr. xv.
Alcohol, 60° gr. xlv.
Aqua destillat. gr. xc.

M. Add a few drops of hydrochloric acid if necessary to procure solution.

The injections are not painful, but must be numerous.—*Revue de Ther. Med. Chir.*

THE *Annales d'Orthopedie* gives a warning against the abuse of gymnastic exercises that threatens to follow their total neglect in France. These exercises should be directed by those who have a knowledge of anatomy and physiology, and are capable of suiting the work to the needs of each pupil.

M. GALIPPE has examined a number of cataractous lenses, with the view of ascertaining if the changes can be attributed to micro-organisms. The lenses were obtained from operations conducted with the most absolute antiseptics; and were placed in various culture fluids. All did not give positive results, but in all cases where positive results were obtained, the same micro organism was found, and no other. This was a very small diplococcus. Old chalky lenses, of many years' blindness, always yielded an organism closely resembling that just described.

—*Bull. de l'Acad. de Méd.*

NETTER states, as the result of experiments on guinea-pigs, that most sero-fibrinous pleuritis are tuberculous; and that the prognosis in all such cases should be guarded. However, he adds, all such subjects are not necessarily doomed to become tuberculous, as this disease is often curable; especially in its manifestations in the serous membranes.

CHAUFFEND finds that the investing membrane, or parent cell-wall, of hydatid cysts, is a perfect natural filter for microbes; while it permits the passage of mineral salts in solution. Even in suppurating cysts there are no germs, unless the sequence of pericystic suppuration.

CASTELLAN reports 33 cases of gonorrhoea treated by means of injections of 1 per cent. solution of bicarbonate of soda. All were cured within twenty days.

O'BRIEN claims to cure in eight days, by injections of warm sea water, repeated eight times daily.

KAPOUSKINE has discovered phosphogene, chlorine and other dangerous vapors in the air of a room where chloroform had been administered while gas was burning. It is probable that respiratory irritations are often caused by the vapors produced thus, in the operator and assistants, as well as in the patient. This can be remedied by the use of electric lights.

ADAMKIEWICZ claims to have discovered a remedy for cancer. This is introduced into the blood; destroys the cancer germs, causes necrosis of the primary foyers, and the disappearance of the tumor. The announcement has been received in Paris with skepticism.

MORAS applies a plate of zinc to the surface of wounds; this is renewed in six days; and even the most rebellious ulcers are thus cured in six weeks.

YOUNG people who are meager and narrow-chested, are treated by Jenks by hot baths; with asserted benefit.—*Revue de Thér.*

COCAINE INTRADERMICALLY.—Magitot read before the Académie de Médecine a paper upon the use of cocaine as a local analgesic, in which he arrives at the following conclusions:

1. Cocaine is an excellent local analgesic, whose use should not be discouraged without serious reason.

2. Its application requires certain precautions that are of the highest importance.

3. The dose should be proportional to the extent of surface to be analgesized; and should not exceed in any case $1\frac{1}{4}$ to $1\frac{1}{2}$ grains, even for extensive surface operations.

4. Cocaine should not be employed in cardiac cases, in chronic affections of the respiratory passages, or with neuropathics. This applies also to the majority of the anæsthetics.

5. Cocaine should be injected into, but not under, the skin or mucosa. This avoids the danger of throwing the injection into a vein; which has been done.

6. The injection should be made when the patient is lying down unless the operation is on the head.

7. The cocaine should be absolutely pure.

8. The dose should be fractioned, so that the first partial injection should be followed by an interval of some minutes. This allows time for observing toxic effects; that occur at once, if at all.

9. Thus employed, cocaine possesses great advantages over the anæsthetics; the absence of general effects, of an excitation stage, and of loss of consciousness; while it allows the operator to dispense with an assistant.

10. The duration of cocaine-anæsthesia is sufficient to permit of any of the operations of ordinary surgery.

LOCAL TUBERCULOSIS.—Boursier reports a cure of white swelling by injections of iodoform and olive oil. Both wrists and both ankles were affected.

Courtin employs with success the following as an injection into tuberculous glands:

R.—Naphthol-beta 3jss.
Camphor,
Alcohol, 60° aa 5x.

Mix, filter, and preserve in sterilized flasks, with glass stopper.

—*Jour. Méd. de Bordeaux.*

CAUSATION OF TYPHOID FEVER.—Destree found the bacillus of Eberth in the water of a well that had been used by a family among whom repeated attacks of typhoid fever had occurred. This water had been examined chemically, and gave no indication of impurity. In studying an epidemic of typhoid localized in one quarter of Brussels, he found that the outbreak followed the inundation of this section, whereby much filth had been washed into the wells. These wells, deriving their water from the subsoil of the city, were responsible for 91 per cent. of the fifty-two cases. In one other case, a girl who drank only city water, the well-water was employed for washing dishes and other domestic purposes; and the girl lodged in a cellar that was inundated by the flood. In six cases, in which it was not possible to trace the origin to drinking-water, the contagion through soiled linen and fecal matter was demonstrated. These were persons who attended typhoid cases.

—*Jour. de Méd. de Bruxelles.*

SYPHILIS AND GENERAL PARESIS.—Morel Lavallée observes that the proportion of syphilitics attacked by other forms of mental alienation is much less than with general paresis. Paralytic dementia is rare where syphilis is exceptional; as, for instance, in Ireland. It is rare among women, especially married women; but Trélat has observed that among parietic young women a large proportion are prostitutes. The frequency of syphilitic antecedents among paresis is greater in proportion to the capacity for anamnesia. This has been demonstrated by Reinhard.

—*Jour. de Méd. de Bruxelles.*

IODOPIRYNE.—This drug, which is antipyrine with one atom of hydrogen replaced by iodine, has been studied by Muenz. It crystallizes in colorless, prismatic needles. It is slightly soluble in cold water or alcohol, more soluble in either if hot. It has neither odor nor taste, and fuses at 160° C. It is antiseptic, equally with antipyrine. In doses of $7\frac{1}{2}$ to 22½ grains it depresses the temperature, with sweating, but without collapse, or rigors at the return to the previous temperature. The pulse and respiration are affected equally. In the stomach, iodopyrine is decomposed into iodine and antipyrine.

—*Pharm. Zeitsche. f. Russl.*

DOSES OF ANTIPIRETTICS FOR CHILDREN:

	2 to 4 yrs.	5 to 10 yrs.	11 to 15 yrs.
Salicylate of soda, daily dose of...	$7\frac{1}{2}$ to 15 grs.	15 to 30 grs.	$37\frac{1}{2}$ to 45 grs.
Salol, 3 or 4 doses daily of.....	$3\frac{1}{4}$ " 5 "	$7\frac{1}{2}$ " 11 "	11 " 15 "
Sulphate of thalline, every 2 hours	1-7 " "	2-7 " "	3-7 " 5-7 "
Antipyrine, 2 or 3 doses daily of.	3 " 6 "	$7\frac{1}{2}$ " 11 "	12 " 15 "
Salts of quinine, single dose of..	3 " 6 "	$7\frac{1}{2}$ " 11 "	11 " 15 "
Antifebrine, 1 to 3 doses daily of.	$\frac{3}{4}$ " $1\frac{1}{4}$ "	$1\frac{1}{2}$ " 3 "	3 " $4\frac{1}{2}$ "
Phenacetine, single dose of.....	$1\frac{1}{2}$ " 3 "	3 " $7\frac{1}{2}$ "	$7\frac{1}{2}$ " "

—Demme, *Pharm. Zeitung.*

INFLUENCE OF SOME ELEMENTS OF WINE UPON PEPTIC DIGESTION.—Hugouneng (*Jour. de Pharm. et de Chiru.*) arrives at the following conclusions, after a series of experimental observations:

1. All wines, without exception, interfere with the action of pepsin; those most charged with coloring matter—alcohol, cream of tartar—are most injurious.
2. These three ingredients of natural wine operate together to check or arrest peptic digestion.
3. The acid of new wines is powerless to provoke the action of pepsin.
4. Among coloring matters fraudulently introduced into wine, methylene blue, azoflavine, solid blue, and especially fuchsine, hinder peptic digestion. The vegetable colors, black mallow, elder, maqui, like cenoline, exercise an injurious action.
5. In suppressing part of the cream of tartar, plat-rage takes from the natural wine an element that lessens the action of pepsine, *in vitro*. Hence, the use of wines so treated is to be preferred, so far as the effect on digestion is concerned.

RESOPYRINE.—When solutions of antipyrine and resorcin are mixed, there is an abundant white precipitate, in the mids of which appear oily drops. On shaking, these augment and form a mass, gluey, vitreous, heavy, adhering to the vessel. Continuing the agitation, the mass suddenly becomes of a remarkable hardness, forming a white, opaque compound. An alcoholic solution yields on evaporation handsome white crystals, oblique prisms with rhombic bases, pyramids on the bases. No odor; very feeble piquant taste; insoluble in water; soluble in 100 parts ether, 30 parts chloroform, 5 parts alcohol

and ether, equal parts. The alcoholic solution is not precipitated by a large addition of water.

—*Jour. de Pharm. et de Chiru.*

VERY little common-sense appears to be awarded to provincial justices in general, and to that of Sarra in particular. The village priest, in an emergency, performed the Cæsarean section upon a woman just dead, and thus saved her child. He was fined fifteen francs for the illegal practice of medicine!

FRENCH NOTES.

A. E. ROUSSEL, M. D.

STATISTICS OF CHLOROFORMIZATIONS.—At a meeting of the German Surgical Congress M. Gault, of Berlin, gave a resumé of the reports of 60 of the members from July 1 to December 31, 1890. Of the 60 members in question we note 3 Austrians, 3 Russians, 2 Swedes, 1 Belgian, and 1 from Holland; the others were Germans. This gives a total of 24,625 narcoses. Bardeleben, who has already reported his statistics of 12,000 narcoses made at the Charité from 1878 to 1890, counts 7 cases of death. The 24,625 narcoses are divided as follows:

22,656 narcoses by chloroform,	with 71 asphyxies and 6 deaths.
470 " " ether	0 " " 0 "
1,055 " " mixed (eth. & chl.)	5 " " 0 "
417 " " (eth. & alc.)	4 " " 0 "
27 " " bromide of ethyl,	0 " " 0 "

Consequently:

of 3,776 narcoses by chloroform,	1 death.
" 319 " " ether	1 case of asphyxia.
" 211 " " eth. and chl.,	1 " " "
" 104 " " eth. and alc.,	1 " " "

In the majority of the cases there was employed chloral, chloroform and the mask of Esmarch. In 2,732 narcoses the duration was one hour, in 278 cases the period of time was longer, in 3 cases the duration was 150, 155, and 180 minutes. At the Charité 1 cm. c. of chloroform is used for each minute of anaesthesia. According to Morian, the quantity of chloroform employed is 0.6, with the apparatus of Kappeler, and 1 gr. with the ordinary apparatus. In a private clinic 25 grains of chloroform were used each time. The maximum doses were 180 and 150 cm. c. The mixture was composed of 100 parts of chloroform, 30 parts of alcohol, 30 of ether. Injections of morphine have also been employed at the same time as the chloroform.

Some of the operators used morphine in cases of alcoholics, in operations of long duration, or in those involving the mouth. Five surgeons use morphine in all cases above 15 years of age. Fourteen have used morphine 2,194 times out of 6,806 cases.

Of 307 cases we count on an average 1 case of asphyxia which responds to treatment, but requires each time the performance of tracheotomy; 6 cases of death may be attributed to the chloroform; 3 other cases were due to the entrance of air into the veins, to syncope, etc., and should not be counted as a result of the chloroform.—*La Tribune Médicale.*

ABLATION OF ARM, WITHOUT SHOCK OR HEMORRHAGE.—A switchman in a retired part of one of the yards of the Chicago and Northwestern railroad picked up the arm of a man which had been crushed off at the shoulder joint and having on it a shirt sleeve. Diligent search was made for the owner of the lost member, but nowhere could he be found, nor could any clue to the accident be discovered. Five days after the accident the police found the man at Clyborn, five miles from the scene of the injury, ex-

hibiting his mutilated shoulder in proof of his arm having been cut off by a train. This exhibition he had made in twenty or thirty saloons for the purpose of obtaining whiskey. During all the time no dressing had been applied, or any vessels tied. He was sent to a hospital and recovered perfectly. On examination it was found that the arm had been torn out of its socket, leaving the other elements of the shoulder, the clavicle and scapula, intact.

The forcible ablation of an arm has often occurred by machinery without any serious loss of blood, but the shock usually renders the patient helpless, and the surgeon invariably feels it his duty to ligate the crushed vessels. The marvel, however, in this case, was in the ability of the man to travel about for five days, realizing neither shock nor bleeding. It is not improbable that had one or two days more elapsed without a dressing, fatal bleeding would have ensued from sloughing of the crushed vessels, such sloughing often being delayed as late as the seventh day.

—D. Hayes Agnew, *Univ. Med. Mag.*

CONDURANGO AND CONDURANGIN.—The following are the conclusions formulated by Dr. Guyenot as a result of a series of experiments made to test the therapeutic value of these substances :

1. Condurango employed in the form of a powder appears to be remarkably efficacious in painful affections of the stomach, and especially in the case of gastric ulcer and irritation of the gastric mucous membrane.

2. Cases of cancer of the stomach, which have been claimed to be cured as the result of treatment with condurango, are certainly to be regarded as errors in diagnosis. In all probability the majority of them were cases of ulcerative gastritis.

3. Condurangin possesses an extremely curious and interesting action. It causes a veritable locomotor ataxia, which is due, without doubt, in view of its late appearance, to the formation of some toxic substance produced by the splitting up of condurangin in the organism.

4. In view of the fact that the chemical nature of condurangin is not yet thoroughly established, and its physiological action not being thoroughly understood, the bark of condurango should be employed in therapeutics, and not condurangin.—*Therapeutic Gazette.*

COCAINISM.—The chief facts about cocaine in relation to cocaineism are thus summarized :

1. It is the acutest and most absolute destroyer of inhibition, and of the moral sense generally, that we yet know.

2. The morbid craving is very intense, and control is absent.

3. The dose requires to be increased faster than that of any other such drug to get the same effect.

4. The delirium and hallucinations of all the senses of single doses become chronic in cocaineism.

5. Its immediate effects are more transient than those of any other such drug, but this does not apply to the craving set up.

6. The treatment of cocaineism consists in outside control of the patient, in stopping the drug at once, in careful watching, nursing, the use of every sort of food that will keep up the strength, and of the bromide of ammonium, brandy and wine, tea and coffee, and possibly a hypnotic, like paraldehyde or sulfonal, for two or three nights at least.

7. A patient suffering from cocaineism can be usually certified as insane so far as the presence of delusions are concerned, but he gets over these so soon,

and yet is so far from real cure, that certification and sending to an asylum is not a satisfactory process altogether. We need cocaineism included in any special legislation for dipsomania.

The writer also considers among morbid cravings and paralyzed control masturbation, sexual perversion, morbid indecision, etc., and finally sums up the whole subject as follows :

1. That many morbid and hurtful uncontrollable cravings exist apart from those for drink, morphine, chloral, or cocaine.

2. That there is a distinct class of "inhibitory neuroses" that may be accompanied by little intellectual or emotional disturbance. The objects of the morbid cravings are often accidental.

3. Some of the most morbid cravings and examples of loss of control are found connected with the reproductive function, in regard to which, too, perversions of object are also very apt to accompany such morbid cravings.

4. For the existence of many cases of such reproductive loss of control, prostitution is probably responsible, and the unnatural habit of masturbation for many more.

5. The reproductive instinct is, in some cases, morbidly transformed into uncontrollable impulses toward suicide and homicide.

6. Cravings to break and destroy, accompanied by little intellectual disturbance, that cannot be controlled, are often met with.

7. The state of morbid inaction is often closely allied to morbid impulse, one sometimes taking the place of the other.

8. There are cases where there is a morbid loss of control over general conduct, in ordinary matters, and cravings to do quite harmless acts.

9. There is a morbid condition of brain automatism, apart from hypnotism, in which there is little or no power of inhibition, but at the same time no active cravings, the conduct being regulated by the will of others, or by chance suggestion from without or within.

10. Loss of control often precedes, for some time, the other mental symptoms of an attack of active insanity.

11. Inhibition may be lost in one direction only, while in most others it may be very strong—gambling being often an example of this.

12. All brains must have some "excitement" to keep them healthy, the important question being how to select the kind of excitement that will not lead to morbid craving, and that can be easily controlled.

13. Morbid indecision may be an example of paralyzed control.

14. We may have morbid and uncontrollable muscular action, not purposive, and not attended by ideation or emotion at all.

15. It is a fact in man's medical psychology that control is almost always lessened at night or in the darkness as compared with the day, the night being the time for morbid indecisions, fears, superstitions, and a tendency to mistake the subjective for the objective, his higher powers then undergoing a process of partial "dissolution." Man, in fact, is a less evolved being as regards his inhibition at night than during the day, and his brain is then more liable to disturbance of the controlling functions in disease.

—*Quar. Jour. Inebriety.*

JOHN B. DEEVER in the *Annals of Surgery* gives the following indications for trephining:

1. Simple depressed fracture with or without brain symptoms.
2. Compound depressed fracture with or without brain symptoms.
3. Impacted fracture, simple or compound, with or without brain symptoms.
4. Comminuted fracture, simple or compound, with or without brain symptoms.
5. Compound fissured fracture with depression of bone without brain symptoms.
6. Compound fissured fracture with depression of bone with brain symptoms.
7. Compound fissured fractures without depression of bone and without brain symptoms in which there is bleeding through the fissure or fissures.
8. All punctured, incised and gunshot fractures.

CHLORALISM.—Chloralism for a time threatened to become a rife craving, but chloral is becoming less liked and used than it was at one time, and will be numbered largely with superseded drugs. Chloral differs from other drugs for which there is craving, and from alcohol, in this essentially, that its effect is not stimulant in any dose, small or large, but simply and only sedative and hypnotic. It creates no ideal state of mind; it simply produces forgetfulness and sleep. A craving for it, or a habit of it, is, therefore, a strange and altogether abnormal thing. Why any human body should crave a drug whose taste is disagreeable to produce sleep in excess of the normal time, is entirely inexplicable on any hypothesis except that which attributes an essential affinity between the brain and nervous action, not only to alcohol, but to all classes of stimulant, sedative, and hypnotic drugs.—*Quar. Jour. Inebriety.*

IGNI PUNCTURE FOR HYPERTROPHIED TONSILS.—The main indications for reduction of tonsils by galvanocautery might be summarized as follows:

1. When tonsils have ceased to perform their function by reason of interstitial thickening and occlusion of the lacunæ of the glands, in which condition the mouths of the crypts becoming blocked with the accumulation of sebaceous matter, which rapidly decomposes, they form an excellent culture medium for various pathogenic germs which may ultimately be absorbed into the lymphatic system.
2. When a tonsil shows itself competent at short intervals to become inflamed and give rise to peritonsillar abscess.
3. Where the tonsil is so situated that it is a matter of great difficulty as well as danger to use the tonsillotome, and from extensive adhesion of the pillars, likely to cause severe hemorrhage by their being cut.
4. In all cases where the patient is of a hemorrhagic diathesis or in other cases in which alarming hemorrhage is feared.
5. Where patients will not consent to the use of the knife and yet the demand for the removal of the gland is imperative.—*Cullen, Cincin. Med. Jour.*

PURPURA HEMORRHAGICA RHEUMATICA.—Male, aged twenty-six, came under care about ten weeks ago for an attack of rheumatism. Family history good, except that his father died of epithelioma of the lip. In the course of the last ten weeks his entire body has been covered with hemorrhagic spots. The throat and conjunctiva are involved, but no other mucous membrane, except, perhaps the genito-urinary tract, but as he has taken turpentine to the

point of strangury, the blood in the urine may be due to that cause and not to any purpuric manifestation in the genito-urinary tract. His gums have been firm, and appetite good throughout the attack, which has been in his favor. He has taken, during the last ten weeks, gallic acid, iron, ergot, turpentine, etc., and at times he would seem to improve, but in a day or two his body would become covered over again with a fresh crop of purpuric spots. The spots are smaller at this time than they have been heretofore. He had a patch on the right side some days ago, that was about five by ten inches in size, where a mustard plaster had been. In answer to inquiries, he said that the patient had not taken any antipyrine to his knowledge.

—Brinton, *Med. and Surg. Society, Baltimore.*

QUININE AMBLYOPIA.—J. A., aged thirty, presented himself for treatment with urethral stricture; he was ordered pil. quiniæ sulph. gr. ij, thrice daily after meals, preparatory to an urethral examination. He has incipient phthisis; physical examination in other respects was negative. He returned the day after the drug had been prescribed, stating that he could not take the pills, as they made him blind. Shortly after taking the first dose, he was unable to read the newspaper. He had been a moderate user of tobacco, but has not used it for some time on account of a pharyngitis, which is aggravated by its use. No history of alcoholic excess and no specific history exist. He was placed on restricted diet, all alcohol and tobacco were stopped, and he was kept under observation for two days, when a second prescription was ordered, and a second pill of quinine was administered with the same effect as the first, which symptoms disappeared in less than two hours. A third trial was made with the remedy, with the same effect, when the drug was stopped. Now, two weeks later, he has had no return of the symptom. The case is of interest as presenting an unusual idiosyncrasy to so small a dose of quinine.

—Joseph Leidy, Jr., *Uni. Med. Mag.*

TURPENTINE AS A GERMICIDE AND ANTISEPTIC.—Although the oil of turpentine (*Oleum Terebinthina*, U. S. P.) is not unknown as an antiseptic and germicide, its insolubility in water and its irritating properties have hitherto made its use impracticable. That it has its special uses, however, in this connection I have had abundant testimony.

It is a well-known fact among naturalists, that, if the air of a cabinet be impregnated with the vapor of turpentine, the specimens are safe from the ravages of moths and other intruders so long as this condition of the air of the cabinet remains.

Having learned the advantage of turpentine in preserving entomological specimens, I concluded to try its germicidal properties in the cases containing surgical instruments. A bacteriological examination of the cases, made four weeks afterward and compared with the examination of cases not provided with turpentine, convinced me of its efficiency, and I soon afterward applied the same principle to drawers containing towels, gauze, bandages, etc.

The method is simple. The turpentine is placed in flat, large-mouthed bottles at the bottom of each case or drawer, the volatility of the turpentine causing the vapor to impregnate the surrounding air.

Of late I have also placed my surgical instruments, the night preceding an operation, in a flat dish containing oil of turpentine. The instruments are completely sterilized, are not injured by the submersion,

and are easily dried by a piece of sterilized gauze or towel. The characteristic odor of turpentine can be removed by ether.

The cheapness of turpentine and the ease with which it may always be obtained, added to its special adaptability in preserving the aseptic condition of instruments, bandages, etc., by its vapor, may make it a valuable addition to the list of our antiseptics and germicides.

I have also used benzole in the above manner. Its greater volatility gives it a more rapid germicidal action than turpentine, but its great inflammability admonishes caution in its use.

—Schleppergrell, *Med. News*.

MORPHINOMANIA.—1. The habitual use of opium is in nine cases out of ten most injurious to the higher mental powers, and more especially impairs the volition.

2. The dose has to be steadily increased till such an amount is taken as tends to impair nutrition and the trophic energy of the brain, to disturb the appetite and whole alimentary system, and ultimately to destroy the power of natural sleep.

3. The craving set up by such excessive use of opium is one of the most persistent, intense and difficult to resist of any known morbid craving. It has no remission or periodicity in it.

4. The nervous constitution of the patient has very much to do with the inception of the habit. It may be said generally that persons of the nervous diathesis, of nervous or insane or drinkers' heredity, all persons who feel and dread pain excessively, and most "excitable" persons, are especially liable to acquire the craving.

5. Given or taken for insomnia or to relieve pain is the origin of most cases of morphinomania.

6. It behooves medical men to take the constitution of each individual patient carefully into consideration before opium is prescribed, and to ask, "Is there any danger of a habit being set up?"

7. As to the treatment of morphinomania the writer has little hesitation in laying down its principles. Help from without in the shape of skilled, strong nursing; control and never remitting companionship are needed in almost all cases. It is better and safer to undergo the short Hades of absolute stoppage than the more prolonged purgatory of tapering off. While this is being gone through, use the bromides, wines, every form of beef and peptonoids that the stomach or rectum will retain; bismuth, ice and counter-irritation for the gastric pain and vomiting; digitalis and strophanthus for weak and irregular heart's action. Paraldehyde or sulfonal should be used to obtain sleep, but their use should not be continued beyond a few nights. The great things to aim at are good nerve tone, firm muscles, a brown sunburnt skin, steady occupation, as much fat as can be put on, a sound moral sense all round, strengthened inhibition, and a dominating conviction that the drug is poison in any dose.—*Quar. Jour. Inebriety*.

ATROPHY OF THE UTERUS.—The patient is thirty-nine years of age. She has been married fifteen years, and is the mother of five children, the last one being born eleven months ago. With the exception of one miscarriage, which occurred five years ago, all her labors have been perfectly normal and of short duration, with the exception of the last one, which lasted eleven days.

This woman began menstruating in her eleventh year, and her menses have always been more or less

regular. The duration of the flow has been about three days, with pain commencing on the first day and ceasing when the flow became thoroughly established. The last menstruation was very profuse while it lasted, and then, all at once, it suddenly stopped. She also complains of pain over the lower part of the spine, has a headache of recent origin, and has developed considerable bearing down pains during the past month. The sudden stoppage of her menstrual flow she attributes to fright brought about by her child having fallen from a window and breaking his arm.

On making a digital examination of the uterus, I found an abnormal atrophy of the uterus, with a slight laceration of the cervix. I have seen her but once since last December, which is now four months ago, and the uterus has improved very markedly indeed under the treatment that was instituted at that time for her relief. The treatment employed in this case is, in my opinion, the best one suited for her condition, and the improvement that has been brought about in this direction has fully warranted us in its application. This treatment consists in local stimulation of the uterus, and the internal use of tonics in the form of some one of the many preparations of iron. The one I generally give for this condition is the plain tincture of the chloride of iron. This preparation, I believe, acts better, produces its effects quicker, and gives better tone to the system than any one I know of.

For the local treatment of this case I have employed a self-retaining stem, which was inserted into the uterine cavity. She has been wearing this stem for four months, and with very marked improvement. The form of stem I employ is the so-called galvanic stem, but I think the plain hard rubber one will suit this case just as well, if not better than the galvanic. It is the same kind of rubber stem that is employed in the treatment of dysmenorrhœa, or hyperplasia of the uterus, to promote drainage from the cavity, but in the case of atrophy of the uterus, strange to say, the very opposite effect is produced.

As I now examine this woman's uterus bi-manually, I find it a good deal more than one and three-quarters of an inch in depth, the size it was when she first came to the clinic for treatment, and though the function of menstruation has not as yet been restored, we have every reason to look for it in the very near future.

I wish, in this connection, to give you a few words of caution, in regard to the use of the stem in cases of atrophy of the uterus. The stem is not an instrument that can be always used with impunity in these cases, and when you insert it into the cavity of the uterus, you should do so with explicit instructions to the patient, that she is to present herself again at your office within a reasonable time, so that you may be able to determine whether the instrument is doing any harm or not; for irritation of the tubes is apt to result in a certain percentage of the cases treated by this method. This patient has not, however, observed the caution she has been given in this respect, and consequently has not done herself full justice in remaining so long a time away from observation.

In some of these cases of atrophy of the uterus direct galvanism, in the form of a galvanic battery, with the negative pole in the interior of the uterus, and the positive pole over the tubes, is also an excellent measure to employ. There is, however, one drawback to this mode of treatment, and that is that it is absolutely necessary for you to see the patient, while under treatment, three times a week, and spend

a considerable amount of time at each séance, a proceeding not applicable to patients who come to a public clinic like this.

I am quite frequently asked by physicians what line of treatment I would adopt in an unmarried lady, eighteen or twenty years of age, who was suffering from the same form of affection as this woman. I would do precisely the same as I have done in this case, as far as the technique of operation was concerned, but in order to introduce the stem into the uterine cavity, I would proceed in a somewhat different way. I would put the patient under ether, and use a very small Sims' speculum, which is known by the name of the virgin speculum. I have treated, in this way, a large number of unmarried ladies for dysmenorrhœa and atrophy of the uterus, with very marked success, and without inflicting any injury on the genitals whatever.

I wish to speak a few words with regard to the diagnosis of atrophy of the uterus in young ladies. A great many gynecologists are in the habit of introducing a sound into the cavity of the uterus to determine the depth of that organ, but I do not deem it at all necessary to resort to such a procedure as this, for very serious trouble may sometimes follow its use. By educating your fingers to the delicate sense of touch, as every physician should do, you can always arrive at a very precise diagnosis of the condition of the uterus. By means of bi-manual palpation, with the index finger of one hand in the rectum and the other hand over the anterior abdominal wall, you can map out the exact position of the uterus in the pelvic cavity, its exact size, as well as the size of the ovaries and tubes. This is a much safer way than the introduction of a sound into the cavity of the uterus to determine the depth of the organ.

—Sims, *Int. Jour. Surgery*.

HOW TO SCARIFY OR OPEN AN ABSCESS OF THE TONSILS.—In many of the severe cases of parenchymatous inflammation of the tonsils, especially in children, the neighboring parts are so swollen and painful that the patient is unable to open the mouth so the surgeon can see to safely manipulate a bistoury to scarify the parts, or open an abscess, if suppuration has occurred.

While many of these cases may be cut short, by proper topical and constitutional treatment, if instituted early in the attack, yet, in those cases where there is a great degree of swelling, distress, and difficult respiration and deglutition, great relief can be quickly given by scarifying the swollen tonsils, or, if there be an abscess, to incise the tonsil and let out the pus.

The best mode and means of performing these scarifications or incisions is as follows:

1. If the patient can gargle, let him use a moderately strong solution of bromide potash, *hot* as can be borne, for several minutes, to gargle the throat. Then the surgeon should pass his naked index finger into the pharynx, and, by palpation, determine whether he will scarify or incise the tonsil.

If it is decided to either scarify or incise the tonsil, then arm the index finger with Wenck's amniontome, pushing the instrument well up on the finger, so its cutting point is just protected by the tip of the finger when the finger is straight, but so the point of the instrument will project a little if the finger be slightly flexed near its tip, then carefully slip the straight armed finger back until the most prominent

part of the swollen tonsil is felt, then slightly press and flex the tip of the finger, and thus make several superficial scratches, if scarification is intended; or, if incision for pus is desired, then one stroke, with more firm, steady pressure, should be made in the most prominent part of the tonsil.

—Smith, *Texas Courier*.

FOR ECZEMA AND HERPES.—**RHUS POISONING.**—In herpes circinatus and capitis, as well as in eczema simplex and eczema impetigi nodes (after removal of the crust with some emollient application) I have been using for a number of years one or other of the following prescriptions, with invariable success, and have come to regard them as almost specifics.

No. 1.

R.—Acid acetic..... 3vij.
Water 3j.
Hydrarg. ammon. q. s. to saturation.
Sig. Shake and apply with camel's-hair brush one to three times a day, *p. r. n.*

No. 2.

R.—Hydrarg. bichlor..... grs. v to x.
Ol. sassafras..... 3j.
Alcohol q. s. ad. 3j.
M.—Et. ft. sol.
Sig. Same directions as for No. 1. Should either produce much itching or irritation, apply glycerine.

For simple eczema affecting the hands, in my own person (after trying two eminent college professors without benefit), I succeeded in effecting a speedy cure with the following, which has served me well in subsequent cases:

R.—Sapo viridis,
Alcohol.....āā 3j.
Dissolve the soap in the alcohol, strain through cheese cloth, and add
Ol. cajuput..... 3ij.
Sig. To be well rubbed in several times a day.

The above may be perfumed with oil of rose, neroli or otherwise to suit.

For the eruption caused by poison oak, the frequent application of a saturated solution of chloride of ammonium has scarcely, if ever, failed in my hands to effect a cure in from twelve to twenty-four hours.

—Kemper, in *Med. World*.

ATTENTION has been drawn in London to the alleged fact that cabs and omnibuses are literally hotbeds of diphtheria. Patients suffering from this disease being generally taken to the hospitals in public conveyances, the microbe takes up its abode in the cushions, and even the specks of dust flying about in the carriages sometimes contain, it is said, whole swarms of them. Inquiry was last year made at one of the large hospitals, from which it appeared that out of 797 children with diphtheria taken there 375 came in cabs, 67 by omnibuses, 13 in private conveyances, 195 on foot, and only 143 in the ambulance vans. To avoid this danger, it is suggested that every cab bringing to a hospital a patient affected with an infectious disease should be thoroughly disinfected at the driver's expense. The latter would then refuse to drive these patients, who would be compelled to take ambulance vans.

—*American Practitioner*.

HERNIA IN INFANCY.—The age at which mechanical treatment may be begun is a question which I have found many physicians in doubt upon, and my answer to that has been almost uniformly that a child old enough to be the possessor of herina was quite old enough to have that hernia treated.

—DeGarner, *Archives of Pediatrics*.

BANANA JUICE FOR CHRONIC BRONCHITIS.—The juice of bananas is recommended as one of the best remedies in chronic bronchitis with insufficient expectoration and marked dyspnoea. Bad results have never been observed to follow its administration. A drachm eight or ten times a day during the first days is usually prescribed, and later the dose can be diminished. The syrup is prepared as follows: Cut the fruit in slices and place them in a glass jar; sprinkle with sugar and cover the jar, which is then enveloped in straw and placed in cold water, and the latter is heated to the boiling point. The jar is then removed, allowed to cool, and the juice is poured into little bottles.—*Ex.*

COMPARATIVE COST OF MEDICAL EDUCATION IN ENGLAND AND AMERICA.—According to the estimate of the Secretary of the Illinois Board of Health, the average fees for the eleven London schools are, exclusive of the examination fees, £118, 5s.; for the provincial schools, £98. In addition, each student has to pay from 10s. to £3 matriculation to one of the degree granting bodies; from £1 to £15 for the first examination; from £1 to £10 for the second; from £2 to £15 for the first degree or qualification examination. In some of the colleges in the United States all the fees do not amount to \$300, and in at least one the whole course of study and the diploma can be had for \$138.—*Med. Age.*

FORMULÆ FOR THE EXTERNAL USE OF SULPHUR.

—1. Take of

R.—Sublimed sulphur ½ drachm.
Salicylic acid 8 grains.
Powdered arrowroot ½ ounce.—M.

2. Take of

R.—Sublimed sulphur ½ drachm.
Almond oil,
Glycerine āā 3 ounces.—M.

3. Take of

R.—Sublimed sulphur 2 drachms.
Ætheris sulphuris,
Spirits vini rectifi āā 2 ounces.
M.—Sig. Shake well and mop over the surface.

4. Take of

R.—Sublimed sulphur 2 scruples.
Vaseline or ointment of benzoated
oxide of zinc 1 ounce.

—Szadck, in *Atlanta Jour.*

ABORTION.—1. An abortion is a pathological process, involving the premature expulsion of foetus and membranes from the uterine cavity, which normally have an existence of nine months before they shall have completed their physiological intention.

2. That such expulsion is generally incomplete when left to nature, thus exposing the patient to subsequent pathological conditions, or possible death.

3. That every case should receive a careful examination by the use of the blunt curette in preference to the finger, as it is safe, easier of introduction, and more effective.

4. Complete removal of all membranes, maternal and foetal, offers the greatest protection and safety to the patient.

5. Perfect asepsis and drainage is a necessary supplement to the curette.

6. Ergot has little or no effect in the treatment of cases of abortion; if used at all, it should be in the later stages, to assist in involution.

—Crowell, in *Med. Index*.

CELIOTOMY IN RUPTURE OF UTERUS.—Many cases of spontaneous rupture are doubtless unrecognized by the general practitioner. Profound shock after delivery should always awaken suspicion, even if there is only moderate external hemorrhage, and a thorough examination should be made. Text-books give rules for recognizing rupture only during parturition.

The rules laid down for the treatment of rupture are uncertain and confusing. The tendency of the practitioner is toward purely expectant treatment. He would pack the vagina with gauze, and wait. This course is too often fatal. The emergency is a surgical one, and is to be treated according to the ordinary rules of surgery. The fact that successful cases of celiotomy for rupture of the parturient uterus are comparatively rare is no more an argument against the operation than if it were applied to gunshot wounds of the abdominal viscera.

In analyzing the unsuccessful cases it will generally be found that the operative interference came too late, that is, from eight to eighteen hours after rupture. The writer's successful case was as unfavorable as could be imagined, but the patient was operated upon promptly, as soon as the lesion was discovered. Two methods of active treatment are now recognized and practised, viz.:

1. Drainage *per vaginam*.

2. Abdominal section, followed by either (a) drainage, (b) suture of the tear, or (c) amputation of the uterus. Simple drainage has some powerful supporters (mainly in the Vienna school), and the statistics are apparently convincing; but it is not capable of general application to all cases, and the indications are not always clear, because without opening the abdomen it is frequently impossible to determine the following important points:

1. The nature and extent of the tear.

2. The presence of active hemorrhage.

3. The presence of blood and amniotic fluid in the peritoneal cavity. (It is assumed that the uterus has been amputated.)

The writer thinks that abdominal section is indicated under the following conditions:

1. Before the uterus is emptied.

(a) When the placenta or any portion of the foetus has escaped through the rent. Attempts at manual delivery only increase existing shock and destroy the patient's chances after section, as invariably shown by records of unsuccessful cases.

(b) Where there is evidence of progressive internal hemorrhage.

2. After the uterus is emptied.

(a) When there is extensive prolapse of the gut through the tear.

(b) In all complete lacerations (especially in those involving the broad ligaments) except small tears low down near the vaginal fornix, where good drainage can be maintained.

(c) In incomplete tears in which the broad ligament is extensively involved, and there is evidence of progressive hemorrhage. This point must remain *sub judice*. Only one other besides the writer (Peters) has opened the abdomen in such a case. His patient died, and the report of the case provoked considerable adverse criticism.

Parvin's summary is a comprehensive one, viz.: "Probably the solution of the question is this, that where the tear is in such a position that vaginal drainage is perfect the abdomen need not be opened, but if such drainage is impossible or imperfect then section is indicated."

What shall we do after opening the abdomen?

1. Arrest hemorrhage either with forceps or the temporary rubber ligature.

2. If the tear is small (two inches) and is low down in Douglas' pouch, drainage *per vaginam* may be indicated.

3. If the tear is clean cut, without contusion of the edges, and does not involve cervix or broad ligaments, it may be closed with deep and sero-serous sutures.

4. If the tear is not low down, is extensive, with contusion of the edges, and especially if a portion of the foetus protrudes, amputation of the uterus, with extra-peritoneal treatment of the stump, is indicated. The child can be abstracted through the rent before removal of the uterus (Prevot) or afterward (Porro).

5. In extensive transverse tears in the lower segment, and in tears beginning in the cervix and extending upward through the broad ligament, the writer would strongly urge the propriety of total extirpation of the uterus as the operation *par excellence*, as it is in many cases of hystero-myotomomy, for the following reasons:

(a) It requires less time than Porro's operation, and is quite as easy, especially if the patient is placed in Trendelenburg's posture. There should be no great shock or loss of blood.

(b) All the contused tissue is removed, which if left behind the stump will inevitably slough and imperil the life of the patient.

(c) Drainage is perfect. After thorough irrigation and toilet of the peritoneal cavity, it can be closed, drainage being maintained *per vaginam* with iodoform gauze, as after vaginal hysterectomy.

—Coe, in *Amer. Pract.*

A NEW SOLVENT AND ANTISEPTIC RETINOL.—Retinol is prepared by the destructive distillation of resin by heating resin in an iron retort.

Retinol has a formula of $C_{28}H_{18}$, a density of 6,900, and is of a brown or yellow color depending upon whether it is prepared from brown or yellow resin.

Retinol is of an oily consistence, slightly bitter acid reaction; the odor is fir-like. The solvent powder of this substance is remarkable, and it is said to be unirritating, antiseptic and desiccative, exhibiting no tendency to become rancid or any way decompose.

It is not yet to be obtained commercially, although it is said to be cheap.—*Notes on new Remedies.*

Medical News and Miscellany.

SNUFF AND NONSENSE.

A dusty old woman, who always used snuff,
One day fell to ailing and doctors enough
Declared they must give her a bleeding,
So one brought his lancet and one held her head,
While another blinked wisely beside of her bed—
A kind and judicious proceeding.

But no sooner had one of these doctors enough
Bored a hole in her arm, than out poured some dark stuff
Quite beyond all their powers of defining.
The one with the lancet looked solemn and red;
Another blinked thrice, while the man at her head
Conceived that it might be her lining.

Still out poured the stuff till a bushel or more,
(To the doctors' belief) lay upheaped on the floor,
While the woman grew thinner and thinner,
Then she opened her eyes with a vigorous "Uff!"
"Why, where in the world did you get all that snuff;
And isn't it most time for dinner?"

So the doctors, complacent, all suavely agreed
That the case had turned out as they knew 'twould, indeed,
For doubt or surprise is unknown to their creed,
And who yields is a frowned upon sinner.

—*Pharmaceutical Era.*

Dr. JEROME WALKER has resigned from the staff of the *Brooklyn Medical Journal*.

Dr. GEO. M. GOULD has succeeded Dr. Hobart A. Hare as editor of the *Medical News*.

CHLORALAMID has been made official in the last edition of the *German Pharmacopœia*.

THE Baltimore Academy of Medicine has departed this life at the early age of fourteen years.

THE Common Council of Cincinnati has passed an ordinance prohibiting public exhibitions of hypnotisms.

WHISKEY is not potent enough for our Scandinavian fellow-citizens of Michigan, who are said to fortify the spirit by adding ether.

MONO-BROMO acetanilid is identical with the proprietary asepsia, and consists of a mechanical mixture of acetanilid and bromide of sodium.—*Ex.*

Dr. OSCAR JENNINGS, of Paris, in a recently published pamphlet makes a strong plea for the bicycle as a means of relieving the ills that sedentary flesh is heir to.

Dr. A. BEECHER BARNES died at Southington, Conn., lately. Many years ago he introduced "heliotomy," or solar surgery, the method being the concentration of the sun's rays upon the part needing operation.

SEVEN States of the Union have medical colleges admitting women, and there are ten colleges exclusively for women, and over thirty that admit both sexes.—*Texas Courier.*

THE rapid extension of leprosy in Russia has excited the alarm of the authorities, and the Town Council of Riga has voted 60,000 rubles to establish a hospital for lepers, which is to be inaugurated in July.

DR. KIERNAN states that a New York male physician with a large practice always wore feminine apparel. Who is he? Until this question is settled, New York lady doctors with perceptible mustaches will be under suspicion.

PYOKTANIN STAINS REMOVABLE.—The blue stains on the hands, etc., from pyoktanin, are readily removable by lathering with common soap (rubbing-in well), and then washing (or, if need be, brushing) off with alcohol, or with any strong alcoholic liquor. —*Mercks Bul.*

THE New York State Civil Service Commission will hold an examination for lady physicians to State insane asylums in the Capitol at Albany, on June 11. All who reside in the State and have had one year's experience in hospital practice or three years' general medical practice are free to compete.

THE Camden Training School for Nurses, under the management of the physicians and surgeons connected with the Cooper Hospital, held its annual commencement at Morgan's Hall, Monday evening, June 1, 1891. There were nine graduates. The address was given by Dr. E. L. B. Godfrey.

A CORRESPONDENT of the *Medical Record* asks for a reliable method of removing superfluous hairs, without the use of electricity. The best methods in vogue are: sitting in the front row at the opera bouffe, marrying a capable woman, and practising medicine in an Eastern city. If these fail, the hairs may be removed with forceps.

FOUR YEARS' COURSE OF STUDY AT HARVARD.—The course of study in the Harvard Medical School is to be increased from three years to four. The proposed change will not go into effect until September, 1892, and will not affect students now in the school nor those who may enter during 1891.

The details of the new course have not yet been arranged. The entrance examination will remain the same as at present, and the course itself will comprise four years of nine months each. Certain essentials of a medical education which the student is expected to acquire, but on which no examination is at present required, will be put upon the list of requirements for graduation.

VACANT PROFESSORSHIPS FILLED.—The Trustees of the University of Pennsylvania recently elected Dr. George A. Piersol, Professor of Anatomy; Dr. Harrison Allen, Professor of Comparative Anatomy; Dr. John B. Deaver, Assistant Professor of Applied Anatomy; George M. Dallas, Professor of Evidence and Practice in the Law Department; Dr. S. J. Harger, Professor of Veterinary Anatomy; Dr. Leonard Pearson, Professor of Veterinary Medicine; Dr. Edward Martin, Clinical Professor of Genito-Urinary Surgery; Prof. Henry W. Rolfe, Lecturer on the Latin Language and Literature in the Graduate Department; Dr. E. W. Holmes, Demonstrator of Anatomy; Dr. A. B. Woodford, Instructor in Political Science in the Wharton School, and Edward W. Mumford, Assistant Secretary of the Board of Trustees.

UNIVERSITY OF THE STATE OF NEW YORK, EXAMINATION DEPARTMENT.—The following amendment to chapter 507 laws of New York, 1890, was approved by the Governor on May 4, taking effect immediately, as chapter 311 of the laws of 1891:

"This act shall not apply to any student who duly matriculated in some legally incorporated medical college of the State of New York before the 5th day of June, 1889, provided that such student shall file with the secretary of the board of regents of the University of the State of New York, a certificate setting forth the fact of such matriculation, verified by the applicant and signed by the secretary of the faculty of the college at which he matriculated."

This act will exempt only such students as file the required certificate in the Regents' office on or before August 4, 1891. The following is the form of the certificate:

It is hereby certified that _____ was on _____ 18 _____ duly registered on its official records as a fully matriculated medical student in _____

Signed, _____,

Secretary of the Faculty.

State of New York
City of _____
County of _____

} ss.

being duly sworn says that he is the identical person referred to in the above certificate, and that all the statements therein set forth are true.

Sworn to before me

this _____ day of _____ 1891.

Notary Public.

AN "ETHICAL" CARD.—Some wag of this city, doubtless impressed with the number of cards of "specialists" being sent out, has mailed the following announcement to a large number of the profession:

"DR. A. PHTHOOTHORN FORTISLINGUA, late of the Brown-Séquard Hospital, Specialist, Kansas City, Mo. Consulting Physician of the U. S. Standing Candidate for Hospital Staff. Specialist in the following diseases: All Diseases of the Female, Skin and Venereal; Eye, Ear, Nose and Throat; Surgery and Rectum; Nails and Hair, Teeth, Gums, Nervous and Brain; Chest and Abdominal; Upper and Lower Extremities; Children, Adult and Aged; Kidney, Liver and Prostate Gland; Fevers, Grippe and Corns. P. S.—Practice limited to these. P. S. No. 2.—I do not treat Chicken Pox. STRICTLY ETHICAL." "Lymph de Koch always on tap. Ovaries removed while you wait."—*Lanphear's Index.*

PUBLIC CHARITY IN EUROPE.—In Belgium the authorities are attempting to replace poor-houses with agricultural colonies, where the incapacitated, convicted mendicants, and voluntary applicants are received. Labor is compulsory. Nearly everything produced is consumed in the colony. Large stretches of land, where once nothing grew except the heath plant, have been fertilized. Still these establishments have been criticised as failures from the moral aspect, and ineffectual in the degree of relief they afford. They have been described as schools of corruption for the people of weak character they are designed to harbor. In Austria the authorities charged with watching over the public safety can require persons capable of working to prove within a given time that they have regular means of livelihood, under pain of imprisonment from a week to three months. The towns can furnish unfortunates

with work and wages, and if they refuse they must undergo the penalty. In Sweden a person wandering from place to place with no occupation, first receives a warning, and in case of a repetition of the offense is placed under restraint, exceptions being made of the aged and the infirm. In England indolent and disorderly persons are punished with a month's hard labor, vagabonds with three months; and not only beggars and wretches, who simulate infirmities, are accounted as such, but those who abandon their wives and children to public charity. Old offenders can be sentenced for a year, and, in the case of men, the penalty of flogging may be added. If most recent laws have established light penalties for mendicity, they have at the same time empowered the authorities to confine the condemned for a longer or shorter time at the expiration of their punishment. Work-houses, for example, have been established since 1885 in the Canton of Luzern, in the Canton of Bern, in the State of New York, in Brazil, and also in the kingdoms of Austria and Holland. The inmates are nearly everywhere set at agricultural labor. In Germany the laws against paupers were formerly simply repressive, and often very cruel against those who attempted to gain their support by open beggary. Not being supplemented by measures designed to ameliorate the lot of the unfortunate, and enable them to obtain the means of existence, these laws were found insufficient, and the State recognized the necessity of creating a system of public charity. The consequence of its establishment was that those who would not accept its benefits, namely, confirmed beggars and vagabonds, were menaced with extremely severe punishments; yet these penalties have proved useless, because assistance has been insufficiently organized. It is confined to asylums maintained by communes and districts, which receive strangers without work for a few days, warn them of the laws against begging, and turn them out of doors to beg again. There are also colonies in which work is obligatory, seeking to serve as intermediaries between producers and consumers and to find places for domestic servants, establishments whose utility is neutralized by the necessity of showing pass-ports and *livrets* and by the introduction of corporeal punishment for adults. In Italy, where the penalties against beggary are the most severe, because the evil is more ripe there than in any other country, medicants and the habitually idle are liable to imprisonment, but those who are unfit for labor are sent to the charitable institutions, which are obliged to receive them. Under the law on charitable institutions, passed by the Italian Parliament last July against the protest of the Clerical party, all the benevolent establishments which have for their objects to aid the poor or the sick, to furnish instruction, or in any sort ameliorate the moral or material condition of the people are subjected to vigorous State control.

—*Literary Digest.*

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from May 26, to June 1, 1891.

Leave of absence for twenty days is granted Major William E. Waters, Surgeon, U. S. Army. Par. 6, S. O. 122, A. G. O., May 28, 1891.

Captain Edward C. Carter, Assistant-Surgeon, will proceed without delay to Fort Canby, Washington, and report to the commanding officer for temporary duty, relieving Major John D. Hall, Surgeon, who will proceed to Fort Sherman, for duty as Post Surgeon. S. O. 74, Par. 1, Department of the Columbia, May 22, 1891.

By direction of the Secretary of War, Captain Jefferson R. Kean, Assistant-Surgeon, is assigned to duty (temporary) at Fort Myer, Va., until the return of Major Robert H. White, Surgeon, to duty at that post. Par. 8, S. O. 122, A. G. O., May 28, 1891.

By direction of the Secretary of War, leave of absence for three months on surgeon's certificate of disability is granted Captain Marlborough C. Wyeth, Assistant-Surgeon. Par. 6, S. O. 119, A. G. O., Washington, May 25, 1891.

Leave of absence for one month, with permission to apply for an extension of one month, is granted Captain Paul R. Brown, Assistant-Surgeon, U. S. Army. Par. 4, S. O. 59, Department of the Missouri, St. Louis, May 26, 1891.

Changes in the Medical Corps of the U. S. Navy for the week ending May 23, 1891.

BRIGHT, GEO. A., Surgeon. Detached from U. S. S. "Omaha," and granted three months' leave of absence.

MEANS, V. C. B., Passed Assistant-Surgeon. Detached from U. S. S. "Omaha," and granted three months' leave of absence.

KEENEY, JAS. F., Assistant-Surgeon. Ordered for examination preliminary to promotion to Passed Assistant-Surgeon.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service for the two weeks ended May 23, 1891.

VANSANT, JOHN, Surgeon. Granted leave of absence for seven days. May 22, 1891.

IRWIN, FAIRFAX, Surgeon. Granted leave of absence for twenty-one days. May 11, 1891.

GUITERAS, G. M., Assistant-Surgeon. Relieved from special duty at New York, N. Y.; ordered to San Francisco, Cal. May 11, 1891.

GROENEVET, J. F., Assistant Surgeon. Relieved from duty at New York Marine Hospital; ordered to Gulf Quarantine. May 22, 1891.

YOUNG, G. B., Assistant-Surgeon. Granted leave of absence for thirty days. May 11, 1891.

PROMOTIONS.

PERRY, T. B., Passed Assistant-Surgeon. Commissioned as such by the President. May 23, 1891.

WOODWARD, R. M., Passed Assistant-Surgeon. Commissioned as such by the President. May 23, 1891.

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

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HUNTER MCGUIRE, M.D., L.L.D., late Professor of Surgery, Medical College of Virginia, Richmond: In "BUFFALO LITHIA WATER, *Spring No. 2*, as an ALKALINE DIURETIC is invaluable. URIC ACID GRAVEL, and, indeed, in diseases generally dependent upon a URIC ACID DIATHESIS, it is a remedy of EXTRAORDINARY POTENCY. I have prescribed it in cases of RHEUMATIC GOUT, which had resisted the ordinary remedies, with wonderfully good results. I HAVE USED IT ALSO IN MY OWN CASE, BEING A GREAT SUFFERER FROM THIS MALADY, AND HAVE DERIVED MORE BENEFIT FROM IT THAN FROM ANY OTHER REMEDY."

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OPINION OF THE PROFESSION.

Dr. Geo. B. Hope, Surgeon Metropolitan Throat Hospital, Professor Diseases of Throat, University of Vermont, writes in an article headed "Some Clinical Features of Diphtheria, and the treatment by Peroxide of Hydrogen" (*N. Y. Medical Record*, October 13, 1888). Extract:

"... On account of their poisonous or irritant nature the active germicides have a utility limited particularly to surface or open wound applications, and their free use in reaching diphtheritic formations in the mouth or throat, particularly in children, is, unfortunately, not within the range of systematic treatment. In Peroxide of Hydrogen, however, it is confidently believed will be found, if not a specific, at least the most efficient topical agent in destroying the contagious element and limiting the spread of its formation, and at the same time a remedy which may be employed in the most thorough manner without dread of producing any vicious constitutional effect."

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Dr. E. R. Squibb, of Brooklyn, writes as follows in an article headed "On the Medical Uses of Hydrogen Peroxide" (*Gaillard's Medical Journal*, March, 1889, p. 287), read before the Kings County Medical Association, February 5, 1890:

"Throughout the discussion upon diphtheria very little has been said of the use of the Peroxide of Hydrogen, or hydrogen dioxide; yet it is perhaps the most powerful of all disinfectants and antiseptics, acting both chemically and mechanically upon all excretions

and secretions, so as to thoroughly change their character and reactions instantly. The few physicians who have used it in such diseases as diphtheria, scarlatina, smallpox, and upon all diseased surfaces, whether of skin or mucous membrane, have uniformly spoken well of it so far as this writer knows, and perhaps the reason why it is not more used is that it is so little known and its nature and action so little understood."

"Now, if diphtheria be at first a local disease, and be auto-infectious; that is, if it be propagated to the general organism by a contagious virus located about the tonsils, and if this virus be, as it really is, an albuminoid substance, it may and will be destroyed by this agent upon a sufficient and a sufficiently repeated contact. . . ."

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Mist. creta..... 1 "

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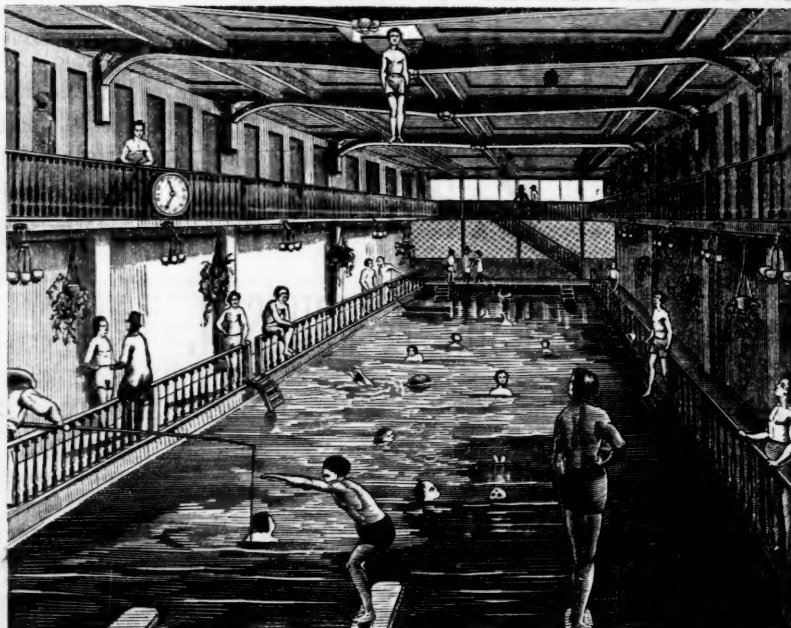
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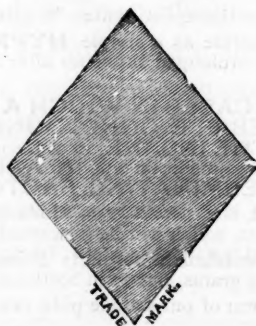
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